



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

A hand is shown in the upper left, moving a black chess piece (a knight) from its starting position. The chessboard is white, and several other pieces are visible in the background, including a white pawn, a white knight, a white rook, a black pawn, and a white rook. The background is a soft, out-of-focus white.

ACHA CERTIFICATION HANDBOOK



ACHA Candidate Handbook – 2026

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1. ACHA BOARD CERTIFICATION MATTERS

1.1 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 value proposition to the certificate holders is broadly classified toward promoting and encouraging:

- Expertise
- Leadership
- Education
- Community

Licensed architects who might qualify for board certification include those following a traditional firm-based career path as well as those in non-traditional career paths/roles - these include Health System architects, Authorities having Jurisdiction (AHJ's), Federal/ Government architects, Client Representative architects, developer-based architects, healthcare consultants, and others.

1.2 Value to Clients

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, 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): <https://www.healtharchitects.org/recertification>

1.3 Value to our Profession

Achieving ACHA certification will provide our certificate holders with networking, educational, and marketplace opportunities. ACHA stresses collegiality, mentorship, and knowledge sharing to advance best practices in the design of the healthcare environment.

1.4 Value to You

ACHA certification is representative of your commitment to excellence towards maintaining and advancing the high standards of healthcare design. ACHA certificate holders are educational, knowledge-based resources. Your ability to reach out to certificate holders enhances greater networking and professional development options.

2. GETTING STARTED – CANDIDATE PROGRAM

2.1 Value Proposition

- Are you an architect specializing in healthcare that is ready to get on track to become ACHA certified? A Candidate is any individual who is or intends to become a licensed architect, aspires to become an ACHA Certificate Holder and commits to pursuing the ACHA's vision following the criteria and subsequent eligibility prerequisites listed below. **Beginning in 2026, all ACHA applicants must first become a Candidate.** Candidates will receive ACHA communications, application and examination reminders, and be granted access to the private ACHA LinkedIn group. By becoming a candidate, ACHA will help shepherd you through the certification process.

No experience submission or examination application is required to be a part of the Candidate Program.

2.2 Creating an Account

Criteria

1. Candidates must be involved in healthcare architecture and have or be working towards gaining a US architectural license or an NCARB recognized reciprocal license.
2. The individual will be asked to provide their NCARB or State Architect license number upon creating their account.
3. Candidacy does not qualify you as eligible to sit for the examination.
4. Candidacy is limited to five (5) consecutive years. If after the 5-year period a candidate has not achieved certification, they must take a 1-year break before re-applying as a candidate.

Annual Candidate Fees

1. An annual fee of \$25; renewals sent out each November, with payment due December 31. This fee is exclusive of any application fees.

Limitations

- 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 when policies and procedures allow.

3. CERTIFICATION PROCESS

3.1 Eligibility Prerequisites

1. Licensure for at least 3 consecutive years prior to application within the U.S. or in any country that NCARB recognizes as eligible for a Foreign Architect Path towards NCARB certification.
2. At least 6,000 total hours of healthcare work experience within the last 5 years. A maximum of 2,000 documented hours of healthcare work experience may be accrued prior to licensure while enrolled in the ACHA candidate program.
3. Valid pre-licensure work hours in healthcare architecture must be accrued under the supervision of a U.S. or internationally licensed architect and validated by the supervising architect with a signed ACHA work hour eligibility form.
4. Valid healthcare work hours include professional practice or academic teaching and research in healthcare while employed within an architectural practice, academic institution, governmental, regulatory or healthcare organization. It does not include academic coursework as a student.

Application

Once the certification eligibility prerequisites are achieved, the individual must submit an application through ACHA's certification website portal, including payment of the applicable fees. Applications are accepted through the online certification portal at <https://www.healtharchitects.org/>.

Upon verification of the application by the ACHA Executive Office, the individual will be considered as an Applicant and can then proceed to the Portfolio/Exhibit Submission and Examination stage. The overall period of eligibility is five (5) years for completion of both the portfolio/Exhibit Submission and Examination.

The online Portfolio/Exhibit Submission 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/Exhibit package for approval prior to taking the examination.

Application Requirements

In addition to the prerequisites outlined above, the following are required: 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 prior to the time of application.

1. Original Architect License (evidence file upload).
2. Online Application Questions demonstrating:
 - Employment Experience
 - Healthcare ExperienceDocumentation of practice as a licensed architect with no fewer than 6,000 hours total healthcare career experience within the last five (5) years.
3. Code of Ethics Attestation
4. Applicant Consent
5. Fee Payment

The non-refundable application fee is \$400 (please refer to website:

<https://www.healtharchitects.org/becoming-certified> payable to the American College of Healthcare Architects. Online payment via the certification portal is recommended.

Please email the [ACHA Executive Office](#) should you need to pay the application fee by check. An additional \$50.00 will be assessed for insufficient funds.

A comprehensive checklist of requirements to achieve certification is included in Appendix A.

3.2 Examination

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.

Candidates are presented with a question and are asked to choose the correct answer from four options. The summary content outline included in Appendix B.2 was developed from the current ACHA job analysis survey. The number of questions on the examination from each content area is provided with each major content heading.

An eligible applicant will be able to request for a practice exam for a fee of \$50.00.

Applicants are encouraged to attend and form their own study groups with other applicants. Free online or in-person prep sessions will also be available to applicants. See <https://www.healtharchitects.org/exam-preparation> for more information.

To sit for the examination offered yearly in June, applications must be received no later than April 1. At a minimum, items 1 through 5 noted in 3.1 Eligibility Requirements must be completed. If an applicant is taking their Examination as the first part of the certification process, a checklist for the requirements needed is in Appendix B.1.

Detailed information regarding the examination content and scheduling of the examination can be found in Appendix B – Exam Specific Information.

KEY DATES:

- **Application Deadline: April 1**
- **Re-Examination Deadline: May 1**
- **Examination Testing Window: June 1 – June 30**

Individual examination results (pass or fail) will be sent in a letter to the examinee approximately 30 days after the testing window closes.

ACHA will not publish the names of applicants who have passed the examination but have not completed the Portfolio/Exhibit Submission.

3.3 Portfolio/Exhibit Submission

All components of the submission must be uploaded and marked complete for it 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. The submission must contain the following:

1. **Three (3) Client Reference Letters** - Letters are collected by the applicant and uploaded to the ACHA certification portal.
 - a. The letters should serve as general endorsement of the applicant's character, knowledge, skills, and abilities as a healthcare architect.
 - b. The letters must be from different current or former healthcare clients identifying the project(s) on which applicant is currently providing or has previously provided professional architectural services.
 - c. The letters must contain specific language that indicates the applicant's specific role on the projects submitted.
 - d. If a client is an ACHA certificant, the individual cannot also serve as an architect recommendation.
 - e. Where possible, client reference letters should come from three (3) different clients/institutions, even if all three (3) are contained within the same hospital system.
 - f. Client Reference Letters should be submitted on official letterhead; email recommendations will not be accepted.
 - g. For non-traditional applicants, please provide three letters of attestations of your work product from outside of your immediate department. A client can be considered as peer governmental agencies, universities, or any other comparable references

2. **Three (3) Architect Letters of Recommendation** – Letters are collected by the applicant and uploaded to the ACHA certification portal.
 - a. The letters should support the candidate’s application for certification with the College.
 - b. The letters must be from a licensed architect, not within the applicant's own firm. If the recommender is an architect emeritus but maintains an active license in their home state, the letter of recommendation will be acceptable. All letters must indicate the recommender's licensure status using “RA” or “AIA” as part of the recommender's signature.
 - c. Reference letters must contain specific language that indicates that the referring architect believes the applicant to be qualified for ACHA Board Certification.
 - d. Architect Letters of Recommendation should be submitted on official or personal letterhead; email recommendations will not be accepted.

3. **Project Experience** (3-9 healthcare projects in past five (5) years – see below)

The Portfolio/Exhibit submission 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. The Portfolio/Exhibit submission should be oriented vertically (portrait) and include legible, easy-to-read graphics.

An applicant may use a single BArch or MArch 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 submission shall contain:

- a. **Narrative Statement** (no more than one (1) page per project)
 - i. Project Description - Should include a description of a problem and the solution as well as the applicant’s role in the project’s solution. Generic firm marketing materials **should not be submitted**.
 - ii. 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.
 - iii. Role and Responsibility - A detailed account emphasizing the applicant's contribution to each project's effort. For non-traditional architects please provide the context of your position and responsibilities for each project/exhibit submitted.
 - iv. A signature from another architect or client is **required** on each project's narrative to confirm applicant's role and responsibility.
- b. Graphics
 - i. **Floor Plans** – Include floor plans and other drawings that explain the project.
 - ii. **Photographs** – Include quality photos or renderings (if under construction) of interior and exterior (except for renovations that do not impact the exterior).
 - iii. The floor plans, photos and/or renderings should not exceed three (3) pages for any one project.
- c. Charts/Reports/Work By-products (non-traditional career path applicants only)
 - i. Non-traditional career path applicants may provide information for their experience submission that is relevant to their position, role, and responsibilities. Please contact ACHA or refer to examples on the website if you have further questions regarding non-traditional portfolios. Submission materials for non-traditional career path applicants may include unique work products for their roles, projects that may be part of a supervisory/client relationship or any other materials that reflect an applicant's roles and responsibilities.

Portfolio/Exhibit Submission Review

If an applicant is submitting their Portfolio/Exhibits as the first part of the certification process, a checklist for the requirements needed is located in Appendix C.

Submissions are accepted year-round and are reviewed on a quarterly basis by the Certification Committee. Submissions are evaluated and scored by members of the ACHA Certification Committee, an independent, peer-review panel. Applicants will be notified of the review results approximately 6-8 weeks following the corresponding review period.

Applicants that do not receive a passing score for their submission will be given feedback on how to improve their materials for a future submission.

ACHA will not publish the names of applicants who have passed the Portfolio/Exhibit Submission but have not completed the Examination portion.

Upon submission, all portfolio packages become the property of the ACHA for use as it deems appropriate.

Sample Experience Submissions

To aid applicants on what the ACHA Certification Committee's reviewers are looking for in a quality submission, examples can be found on the ACHA website <https://www.healtharchitects.org/> <https://www.healtharchitects.org/>.

4. NEW CERTIFICATE HOLDER

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

Official Notification

A formal letter issued by ACHA will be sent to the successful candidate. Other forms of communication are strictly informal and should not be construed as an official notification.

A successful certificant holder, also referred to as certificant' will be identified as belonging to a Class of 20xx and recognized at an ACHA luncheon and on the ACHA LinkedIn communications.

Delivery of Certificate, Pin, and Badge

Within 6 months of becoming certified, you will receive your pin and certificate in the mail. You will also receive email instructions on how to claim your digital badge.

Learning Units (LUs) Granted for Passing Exam

Upon passing the exam, the successful Candidate will receive 20 AIA HSW LUs only in the year in which the candidate passes the exam.

Continuing Education Annual Responsibilities

- Recertification begins annually November 1 and is to be completed by December 31 to maintain your ACHA credential.
- 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.
- Affirm evidence of continued practice by selection of percent of time spent on healthcare-related projects (up to 25%, 26-50%, 51-75%, and 76-100%). This may include healthcare-related education and research.
- Attest to the state(s) requirements and expiration dates of licensure. Report of suspension/revocation/censure, if applicable.
- A certificant will be notified via email/electronic media regarding the re-certification methodology. Please ensure contact information is up to date.

Annual Fees

- Annual payment by credit card of \$550 for ACHA and \$650 for FACHA. A certificant will be notified via email/electronic media regarding payment methodology. Please ensure contact information is up to date. See the ACHA website <https://www.healtharchitects.org/> for updated fee information.

5. ADVANCEMENT WITHIN ACHA

Committee Opportunities

Please reference the ACHA website (<https://www.healtharchitects.org/committees>) for additional information.

Board of Regents / Leadership Opportunities

After 5 years of certification, all certificants are eligible to be considered for additional leadership or Board of Regents positions.

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 an individual 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 <https://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 has 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.

For the application and more details, please visit the ACHA website:
<https://www.healtharchitects.org/emeritus-policy>.

APPENDIX A – APPLICATION FORMS

A.1 ACHA Comprehensive Application Checklist to Achieve Certification

GENERAL INSTRUCTIONS:

The application process is only online at <https://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. If the candidate elects to take the examination prior to submitting their portfolio/exhibit, the Application must be submitted online by April 1 to be reviewed and approved for the June examination.

ACHA COMPREHENSIVE APPLICATION CHECKLIST to ACHIEVE CERTIFICATION

The following must be completed online for the application to be considered complete. Incomplete or withdrawn applications will not be processed, and a fee will be assessed according to the updated Fee Schedule found on the ACHA Website (<https://www.healtharchitects.org/becoming-certified>).

- Completed online Application Form and attachments.
 - Online Application Questions
 - Code of Ethics Attestation
 - Applicant Consent

- AIA Number, State Licensure Number, or NCARB Number

- 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.

- Project Portfolio/Exhibit Submission **Approved** including
 - 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.
 - Three to nine (3-9) healthcare projects

- Examination passed

- Payment of fees.

A.2 ACHA Online Application Questionnaire

Applications can only be submitted online at <https://www.healtharchitects.org/>.

GENERAL INFORMATION

Name: _____
Last (Maiden) First Middle

AIA Member: Yes, Member Number: _____ No
NCARB Certification: Yes, Certification 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)

5. 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 within the U.S. or in any country that NCARB recognizes as eligible for a Foreign Architect Path towards NCARB certification.

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.

SAMPLE FORM ONLY, DO NOT SUBMIT. VISIT WWW.HEALTHARCHITECTS.ORG TO SUBMIT YOUR APPLICATION ONLINE.

QUALIFICATIONS:

License:

1. Have you held a current license to practice architecture in at least one state or within the U.S. or in any country that NCARB recognizes as eligible for a Foreign Architect Path towards NCARB certification 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"/> An Educator | |
| <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. To provide a better understanding of your healthcare architecture experience, please include a one-page narrative summary of other healthcare experience from date of initial registration to present.

SAMPLE FORM ONLY, DO NOT SUBMIT. VISIT WWW.HEALTHARCHITECTS.ORG TO SUBMIT YOUR APPLICATION ONLINE.

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)		
		Total	

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)
Example: XYZ Hospital City, State	planner	555-555-5555 Jane Doe Facilities Director	12/2007	\$15 million C \$22 million P

SAMPLE FORM ONLY, DO NOT SUBMIT. VISIT WWW.HEALTHARCHITECTS.ORG TO SUBMIT YOUR APPLICATION ONLINE.

A.3 ACHA Code of Ethics Attestation Form – needs to be completed on-line

SAMPLE FORM ONLY, DO NOT SUBMIT. VISIT WWW.HEALTHARCHITECTS.ORG TO SUBMIT YOUR APPLICATION ONLINE.

A.4 ACHA Application Consent 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.

SAMPLE FORM ONLY, DO NOT SUBMIT. VISIT WWW.HEALTHARCHITECTS.ORG TO SUBMIT YOUR APPLICATION ONLINE.

APPENDIX B – EXAM SPECIFIC INFORMATION

B.1 EXAMINATION CHECKLIST

The following checklist must be completed by the applicant prior to the examination.

The application process is only online at 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.

All materials must be submitted online by April 1 to be reviewed and approved for the June examination.

ACHA EXAMINATION APPLICATION CHECKLIST

The following must be completed online for the application to be considered complete. Incomplete or withdrawn applications will not be processed, and a fee will be assessed according to the updated Fee Schedule found on the ACHA Website (<https://healtharchitects.org/becoming-certified/>).

- Completed online Application Form and attachments.
 - Online Application Questions
 - Code of Ethics Attestation
 - Applicant Consent

- AIA Number, State Licensure Number or NCARB Number

- 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.

- Payment of fees.

B.2 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 non-scored 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. An architect and the project stakeholders test a proposed design for an intensive care unit to review costs. Which of the following will have the greatest effect on long-term operational costs?
 - A. energy cost
 - B. maintenance cost
 - C. construction cost
 - D. staffing cost
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. The primary operational advantage of a healthcare organization locating a freestanding emergency department away from the main campus is to provide care to patients and families
 - A. close to where physicians practice.
 - B. to reduce equipment capital needs.
 - C. in a competing hospital's market area.
 - D. close to where they live.

Answer Key:

1. D
2. C
3. D

Practice Exam #1

Refer to 3.2 for access to Practice Exam 1

Practice Exam #2

Refer to 3.2 for access to Practice Exam 2

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.

Further, the candidate is expected to be very familiar with a wide variety of healthcare industry acronyms in order to read, interpret, and analyze the question(s) to provide the correct answer(s). The acronyms used tend to be (but are not limited to) functional space planning departments (e.g., ED, ICU, OR, PACU); codes and standards (e.g., FGI, ASHRAE, NFPA); medical equipment or processes (e.g., MRI, CT, ICRA); organizations or authorities having jurisdiction (e.g., APIC, ASHE, CMS); or public policy, reimbursement, or insurance structures (e.g., ACA, CDC, DRG). Please use the FGI Guidelines current year edition(s) acronym list(s) as an initial resource for exam preparation.

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 <https://www.healtharchitects.org/>.

- 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.
- The Joint Commission Accreditation Manuals.
- The 2022 edition of the FGI Guidelines.

ACHA Detailed Content Outline

The following represents the areas of focus for the various categories

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, community health, construction)
 2. Payors (e.g., charitable, commercial insurance, private pay, governmental)
 3. Foundational concepts of financing means and methods
 4. Revenue and service lines
 5. Healthcare project costs and budgeting
- B. Regulations and Accreditation
 1. Federal Healthcare Agencies (e.g., CMS, DHA, HIS, VA)
 2. Accreditation Organizations (e.g., The Joint Commission, URAC, NCQA, CARF, COA, AAAHC, DNV)
 3. Facility Licensure (e.g., CON, Critical Access Hospital, Rural Emergency Hospital)
- C. Healthcare Delivery Models
 1. Care models (e.g., migration to outpatient including short stay, patient focused care, medical home, hospital-at-home)
 2. Population health
 3. Continuum of care

- D. Technology
 1. Information technology and EHR/EMR
 2. Telehealth/Telemedicine
 3. Advanced medical technology, AI trends, and equipment
- E. Staffing type and availability, ratios, recruitment, retention, and certifications levels
- F. Process improvement/Lean operations (e.g., data analytics, Lean, evidence-based research)

2. PROGRAMMING AND PLANNING

Total 35 questions

- A. Strategic Planning
 1. Healthcare strategic and operational plans
 2. Constraint analysis (e.g., regulatory, budgetary, schedule)
 3. Demographics, market, and financial analysis
 4. Scenario planning
 5. Research, best practices, and benchmarking
 6. Factors that influence key room quantities and locations
- B. Functional/Operational Narratives
 1. Staffing patterns and projections
 2. Cultural awareness and sensitivity
 3. Risk assessments (e.g., ICRA, SRA, RHAMA, behavioral/mental health)
 4. Variables that affect space and equipment utilization
 5. Functionality and adjacencies
 6. Patient, staff, visitor, and material flow
 7. Environment of Care criteria
 8. Patient care delivery models
- C. Space Programming
 1. Room space requirements and key support area
 2. Room sizes based on regulations, best practices, and benchmark
 3. Grossing factors (e.g., nsf, dgsf, bgsf)
 4. Major medical technology systems
 5. Building support and infrastructure spaces
 6. Accessibility
 7. Building healing spaces (e.g., gardens, meditation, respite)
- D. Site and Facilities Master Planning
 1. Functional adjacencies and synergies
 2. Future flexibility and expansion
 3. Alternative solutions including costs and time factors
 4. Building location and site access
 5. Major internal and external circulation patterns including wayfinding
 6. Interdepartmental relationships and adjacencies (e.g., stacking, blocking, massing)
 7. Implementation/phasing strategy
 8. Project schedule
 9. Regulatory requirements (e.g., zoning, building codes, FGI, FAA)
 10. Central utility and infrastructure systems
 11. Site features (e.g., outdoor water features, gardens, sight lines, pathways)

3. DESIGN

Total 35 questions

- A. Site and Facilities Design
 1. Health facilities code research
 2. 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 emerging technologies

- e. building circulation
 - 3. Design and planning options
 - 4. Functional sustainability, future adaptability and compatibility to avoid facility obsolescence
 - 5. Risk mitigation strategies (e.g., resiliency, natural disasters, safety/security threats)
 - 6. Evidence-based design strategies
- B. Departmental Design
- 1. Departmental planning
 - a. size and arrangement of all department spaces
 - b. intradepartmental circulation
 - c. patient, family, and staff experience
 - 2. Intradepartmental adjacencies, movements, and logistics
 - 3. Flexibility and expansion opportunities
- C. Detailed Design
- 1. Room data
 - a. patient, family, and staff experience
 - b. Environment of Care (e.g., sound, lighting)
 - c. finish selections (e.g., durability, infection control, fire resistance)
 - d. technical, operational, and maintenance requirements
 - e. room zoning and flow
 - 2. Mock-ups, simulations, and VR
 - 3. Medical equipment layouts, infrastructure, shielding, and manufacturer specifications
 - 4. Specialized engineered systems (e.g., headwalls, equipment booms, lifts)
- D. Coordination of interior engineering systems and their consultants (e.g., medical gas, utilities, PME, IT, transport system, acoustics, food service)
- 1. Impact disease transmissions (e.g., water, surface)
 - 2. 24/7 operations, system redundancy

4. DELIVERY AND IMPLEMENTATION

Total 15 questions

- A. Contract language specific to healthcare facilities
- B. Construction Documents
 - 1. Code compliance documentation
 - 2. Documentation 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
 - f. alternative construction methods (e.g., prefabrication or modular construction)
 - g. alternative care sites (e.g., temporary structures or using non-healthcare buildings for surge capacity)
- C. Unique facility requirements for medical equipment and technologies
 - 1. Equipment responsibility matrix
- D. Construction Administration
 - 1. Owner-provided fixed medical equipment and technologies submittals for coordination
 - 2. Variances, waivers, and inspections required by AHJ
 - 3. Final processes for obtaining approval, licensing, or certificate of occupancy
 - 4. Substitution and change orders for healthcare compliance
 - 5. Commissioning and project close-out
 - 6. Implications of construction in occupied healthcare facility including infection control measures and staff and patient safety.
- E. Project implementation and Occupancy Scheduling
- F. Post-occupancy evaluation and research findings

TOTAL 100 questions

Each test form will include 1 set of 20 unscored pretest items in addition to the 100 scored items.

2.5 hours (150 mins) of testing time.

Initial base form passing point by Angoff method to be approved July 2026.

Future passing point established through post-equating.

B.3 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 <https://test-takers.psiexams.com/acha/available/test>. 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 June 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.

Online Scheduling: Visit <https://test-takers.psiexams.com/acha/available/test> and select "Begin Scheduling" to schedule an examination appointment.

OR

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, follow the steps below.

- **Request for Special Examination Accommodations**
 - Candidates will submit their requests via this link - [Submit a request – PSI Candidate Experience](#)
- **Documentation of Disability-Related Needs**
 - Requirements for exam accommodation requests include the following:
You are required to submit documentation from the medical authority or learning institution that rendered a diagnosis. Verification must be submitted to PSI on letterhead stationery of the authority or specialist and include all the following:
 - Description of disability and limitations related to testing
 - Your name on it
 - Recommended accommodation/modification
 - Name, title and telephone number of the medical authority or specialist
 - Original signature of the medical authority or specialist

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.

Scheduling for an exam must be done by phone.

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 (June 1-30), 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 <https://www.healtharchitects.org/> for more information.

B.4 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 [PSI's ACHA specific webpage](#) 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 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

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
- cell phones/ electronic devices

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 your exam will not be scored.
- 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 other than approved short break;
- 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 approved materials list.

Computer Login

After your identity has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to

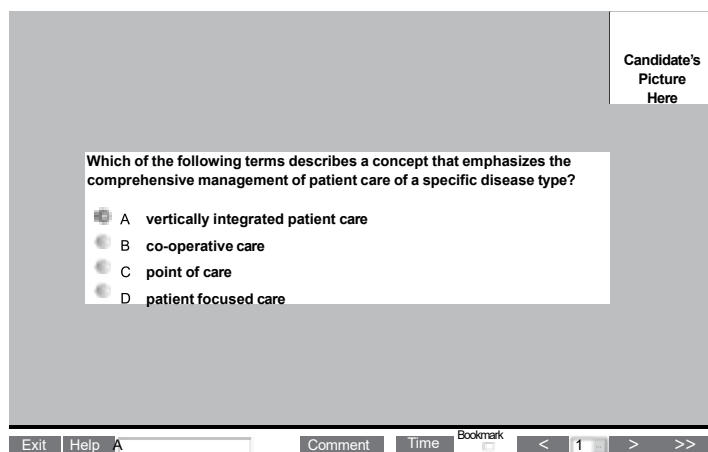
enter your assigned identification number. Your photograph, taken before beginning the examination, will remain on-screen throughout your testing session. This photograph will also print on your score report, transmitted at a later date.

Practice Examination

Prior to attempting the timed examination, you will be given the opportunity to practice taking an examination on a 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. The Test Center will provide time periods allowed for the practice session.

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 non-scored 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.

B.5 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 examination items and resulting statistics will be reviewed to ensure that examination scores are accurate. Scores are expected to be mailed to examinees within approximately 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 approximately 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 and have already had your portfolio approved, 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.

The re-examination fee is \$100.

Re-examination application must be submitted by **May 1** in the year in which you plan to re-take the examination. Please visit the ACHA website <https://www.healtharchitects.org/apply-for-certification> 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

Test taker may request duplicate score report by emailing scorereport@psionline.com.

APPENDIX C – PORTFOLIO/EXHIBIT SPECIFIC INFORMATION

C.1 Submission Checklist

The following checklist must be completed by the applicant prior to the Portfolio/Exhibit Submission.

The application process is only online at <https://www.healtharchitects.org/portfolio-submission>. 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.

ACHA PORTFOLIO/EXHIBIT SUBMISSION CHECKLIST

The following must be completed online for the application to be considered complete. Incomplete or withdrawn applications will not be processed, and a fee will be assessed according to the updated Fee Schedule found on the ACHA Website (<https://www.healtharchitects.org/portfolio-submission>)

- Completed online Application Form and attachments.
 - Online Application Questions
 - Code of Ethics Attestation
 - Applicant Consent
- AIA Number, State Licensure Number, or NCARB Number
- 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 healthcare services. Non-traditional architects, (3) letters of attestation related to your healthcare work product.
- Project Portfolio/Exhibit: Required descriptions of projects from the past five years. These must be signed by another architect or client. For non-traditional architects, charts/ reports/ work by-products in lieu of or in conjunction with project descriptions may be submitted
- Payment of fees.

APPENDIX D – RESOURCES

■ HOW TO CONTACT ACHA

American College of Healthcare Architects (ACHA)

Phone: 913-222-8653

Email: info@healtharchitects.org

Web: 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

Web: <https://test-takers.psiexams.com/acha>