



FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

“CERTIFIED HEALTHCARE ENGINEER”

REQUIREMENTS FOR CERTIFICATION

NAME _____ TITLE _____

FHEA DISTRICT _____ DATE _____

FACILITY NAME _____ FACILITY PH. # _____

FACILITY ADDRESS _____

ADMINISTRATOR’S NAME/TITLE _____

| CATEGORY A Activity Record for Previous 12 Months | DATE | POINT PER HR. or % | ACTUAL % or CONTACT HOURS | MAXIMUM POINTS THIS CATEGORY | SUBTOTAL POINTS EARNED | BOARD USE ONLY TOTAL POINTS |
|--|------|--------------------------|------------------------------------|---------------------------------------|----------------------------------|-----------------------------------|
| DISTRICT MEETINGS <i>+See note below</i> | | 1 PT/% | | 50 | | |
| STATE ANNUAL MEETING * | | 2 PT/HR | | 30 | | |
| OTHER RELATED MEETINGS * | | 1 PT/HR | | 30 | | |
| | | 1 PT/HR | | | | |
| | | 1 PT/HR | | | | |
| | | 1 PT/HR | | | | |
| Subtotal This Category ** | | | | | | |
| SEMINARS/WORKSHOPS * | | 2 PT/HR | | 48 | | |
| | | 2 PT/HR | | | | |
| | | 2 PT/HR | | | | |
| | | 2 PT/HR | | | | |
| Subtotal This Category ** | | | | | | |
| CORRESPONDENCE COURSES * | | 1 PT/HR | | 25 | | |
| COLLEGE COURSES | | 10 PT/UNIT | | 20 | | |
| VOCATIONAL/ADULT ED. COURSES * | | 1 PT/HR | | 25 | | |
| IN-HOUSE INSERVICE PROGRAM * | | 2 PT/HR | | 48 | | |
| | | 2 PT/HR | | | | |
| | | 2 PT/HR | | | | |
| | | 2 PT/HR | | | | |
| Subtotal This Category | | | | | | |
| TOTAL POINTS REQUIRED THIS SIDE | | | | 50 | TOTAL POINTS ATTAINED | |

+ 33 1/3% of all District Meetings must be attended to qualify for certification.

* Attach copy of Certificate of Attendance/Completion - must be for previous 12 months.

** If more room is needed, attach list and place total hours and points on this line.

| CATEGORY B Education and Experience | DATE | POINTS EACH | POINTS ATTAINED | MAXIMUM POINTS THIS CATEGORY | SUBTOTAL POINTS | BOARD USE ONLY TOTAL POINTS |
|--|------|-------------|-----------------|------------------------------|-----------------------|--------------------------------|
| OTHER LICENSES RETAINED * | | 4 | | 20 | | |
| | | 4 | | | | |
| If more room is needed, attach list and place total points on this line. | | | | | | |
| ACTIVE MEMBERSHIPS * | | 4 | | 20 | | |
| | | 4 | | | | |
| | | 4 | | | | |
| | | 4 | | | | |
| If more room is needed, attach list and place total points on this line. | | | | | | |
| YEARS OF HOSPITAL EXPERIENCE | | 1 | | 20 | | |
| ASSOCIATE DEGREE | | 5 | | 10 | | |
| BACHELORS DEGREE | | 5 | | 10 | | |
| MASTERS DEGREE | | 10 | | 10 | | |
| AWARDS ** | | 5 | | 10 | | |
| PUBLISHED ARTICLES ** | | 5 | | 10 | | |
| STATE OR DISTRICT OFFICE HELD FOR CERTIFICATION PERIOD | | 5 | | 10 | | |
| CONTINUING EDUCATION | | 5 | | 10 | | |
| LECTURES PRESENTED | | 5 | | 10 | | |
| COMMITTEE PARTICIPATION ** | | 5 | | 10 | | |
| TOTAL POINTS REQUIRED THIS SIDE | | | | 20 | TOTAL POINTS ATTAINED | |

* Enclose copy of License/Membership Card.

** Indicate Topic or Committee and Association - include hospital activities under "Lectures Presented" and "Committee Participation."

Check One: - Initial Certification - Enclose check or money order for \$50.00
 - Recertification - Enclose check or money order for \$35.00 (one year) or \$70.00 (two years - if eligible) ***

Have You: - Paid your FHEA membership dues? We cannot process CHE certification applications until membership is current.

Make check payable to: **FLORIDA HEALTHCARE ENGINEERING ASSOCIATION**
Send all documents to: **P.O. Box 150755**
Altamonte Springs, Florida 32715-0755
(407/332-7767)

*** **TWO (2) YEAR CERTIFICATION** will be awarded to anyone attaining 100 or more points in Category A and 40 or more points in Category B.

| |
|---------------------------------|
| One Year Certification Approved |
| Two Year Certification Approved |
| Certificate |
| ISSUED _____ |
| NO: _____ |