

**National Association for Healthcare Quality (NAHQ)**

*CPHQ Registration Payment Form-CHECK ONLY*

**Declaration:** I authorize the Healthcare Quality Certification Commission (HQCC)/National Association for Healthcare Quality (NAHQ) to make whatever inquiries and investigations that it deems necessary to verify my credentials and professional standing. Further, I understand that the HQCC/NAHQ will treat the contents of this application as well as all documents relating to certification as confidential, except when required by legal compulsory process, with the following exception. If I successfully pass the examination and attain the CPHQ designation, I authorize the HQCC/NAHQ to release my name and address to HQCC/NAHQ and affiliated organizations for the purpose of mailing me association information. I also authorize HQCC/NAHQ to use information from my application and subsequent examination for the purpose of statistical analysis, provided my personal identification with the information has been deleted. I understand that the initial certification period is two calendar years following successfully passing the examination and agree to meet current requirements if I wish to maintain active certification status thereafter. I further understand that the governing body has the authority to change requirements to attain and maintain certification from time to time.

I acknowledge that I have read, understand, and abide by the code of ethics of my professional practice:

I have read and understand the information provided in the applicable candidate Handbook (US or International) on the <http://nahq.org> website. Under penalties of perjury, I declare that the foregoing statements are true:

I understand that false information may be cause for denial or loss of the credential. I understand that I can be disqualified from taking or continuing to sit for an examination or from receiving examination scores if the HQCC/NAHQ determines through either proctor observation or statistical analysis that I engaged in collaborative, disruptive, or other prohibited during the administration of the examination:

I understand that all examination questions are the copyrighted property of NAHQ. I will not reproduce, record, distribute, or display these examination questions by any means, in whole or in part. This includes posting exam questions to social media or other networking sites/ internet sites. I understand that doing so may subject me to severe civil and criminal penalties and jeopardize my credential or my opportunity to take the examination.

By (*digitally*) signing I am **agreeing** to the above statements: \_\_\_\_\_

***Please print clearly.***

Name: \_\_\_\_\_  
Last First Middle

Phone:

Email Associated with NAHQ Account:

Secondary Email:

**Candidates:**

Please select the desired order(s) from the options below:

Order Type	Price	Quantity
<b><u>DOMESTIC Member</u></b> CPHQ Application		
<b><u>DOMESTIC Nonmember</u></b> CPHQ Application		
<b><u>INTERNATIONAL Member</u></b> CPHQ Application		
<b><u>INTERNATIONAL Nonmember</u></b> CPHQ Application		

Processing Fee ( <b>required</b> )	\$25	
<b>Total</b>		
<b>Check Number</b>		

**Optional Add-Ons:**

Order Type	Price	Quantity
NAHQ Membership (1-year)		
<b>Total</b>		
<b>Check Number</b>		

**Demographics:**

Gender:

Race/Ethnicity (select one):

Birthdate:

Primary Responsibility:

Primary Work Setting:

Primary Position:

Certifications Earned:

Highest Degree Earned



Primary Work Industry:

How did you hear about NAHQ?

Leader Positions:

Years of experience:

Please mail the following application with a **check** for the appropriate fees to this address.  
If you do not have an account with NAHQ, we will be unable to process your check:

**HQCC/NAHQ**  
8600 W. Bryn Mawr Ave, Suite 710N  
Chicago, IL 60631