20th ANNIVERSARY

AMERICAN COLLEGE OF HEALTHCARE ARCHITECTS

Experienced, Certified, Preferred

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

ACHA
CANDIDATE
HANDBOOK

2020

TABLE OF CONTENTS

INTRODUCTION

The purpose of the American College of Healthcare Architects (ACHA) is to improve the quality of healthcare architecture by offering Board Certification in the specialized field of healthcare architecture.

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

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 research and development firm that conducts professional competency assessment research and provides examination services for a number of health practitioner credentialing programs.

STATEMENT OF NONDISCRIMINATION

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

APPLYING FOR AN EXAMINATION

Applicants must complete the application included in this handbook and submit the requested information and fees online (see pages 12-17). Successful completion of the ACHA Examination is a requirement for all new ACHA Certificate candidates. After your completed application, portfolio, letters of reference and fees have been submitted and approved, you will receive written notice that you are eligible to take the ACHA Examination. **The period of eligibility is five years.**

SCHEDULING AN EXAMINATION APPOINTMENT

After you have applied for the examination with ACHA and received notification of your eligibility, you may schedule an examination appointment with PSI by one of the following methods. Be prepared to confirm a date and location for testing and to provide your assigned unique identification number.

1. **Online Scheduling:** Visit *www.goAMP.com* and select "Candidates" to schedule an examination appointment.

OR

2. **Telephone Scheduling:** Call PSI at 1-888-519-9901 to schedule an examination appointment.

The ACHA Examination will be available during the month of July each year. For a detailed schedule, visit *www.healtharchitects.org* or *www.goAMP.com*. The examinations are administered by appointment only Monday through Saturday. 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. Please make a note of it since an admission letter will not be sent. You will only be allowed to take the examination for which the appointment has been made. No changes in examination type will be made at the Test Center. UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED to the Test Center.

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.

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 *www.goAMP.com*. Specific address information will be provided when you schedule an examination appointment.

EXAMINATION APPOINTMENT CHANGES

1. You may reschedule the examination once at no charge by calling PSI at 888-519-9901 at least two business days prior to a scheduled administration. For a computer administration at a PSI Test Center, the following schedule applies:

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

2. If you choose to reschedule an examination more than once within your eligibility window, you may reschedule by submitting the Reschedule Form to ACHA with the $100 rescheduling fee. A new application is not required.

3. If you do not reschedule an examination 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 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.

■ 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

■ 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. co-operative 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

■ ON 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 *www.goAMP.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.

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.

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 completion 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 unco-operative;
- 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, 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 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.
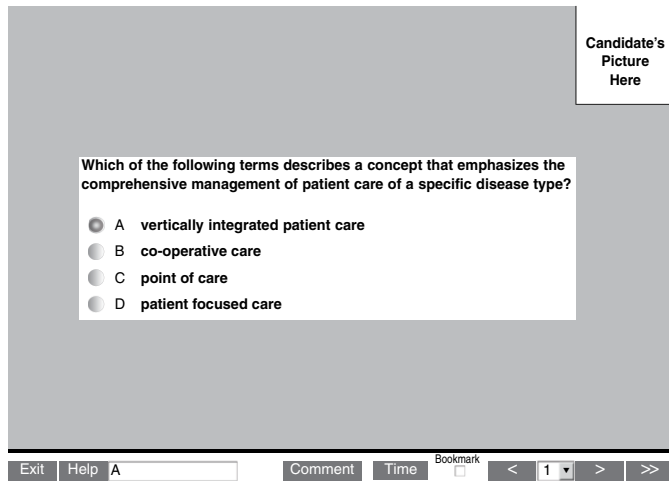
The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time limit. You may click on the "Time" button in the lower right portion of the screen to monitor your time. A digital clock indicates the time remaining for you to complete the examination. 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 by submitting the Reschedule Form to ACHA with the $100 rescheduling fee. 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

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 candidates within 30 days after the end of the testing period.

Your score report will indicate a "pass" or "fail." Additional detail is provided in the form of raw scores by major content category. 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).

■ 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.

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

■ IF YOU DO NOT PASS THE EXAMINATION

You may retake this examination again within your assigned eligibility window. Each re-examination appointment within your assigned eligibility window requires submitting the bottom portion of your latest score report or the Re-Examination Application Form with an additional examination fee paid to ACHA. See 2019-2020 Fee Schedule (page 12). If you wish to retake the examination outside of your assigned eligibility window, you must contact the ACHA Executive Office to renew your eligibility.

■ 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 21 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.

■ 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*
Web: *www.healtharchitects.org*

■ HOW TO CONTACT PSI

PSI Candidate Services
18000 W. 105th St.
Olathe, Kansas 66061-7543
Phone: 888-519-9901
Fax: 913-895-4650
Email: *info@goAMP.com*
Web: *www.goAMP.com*

■ 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

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.

2018 FGI Guidelines.

AMERICAN COLLEGE OF HEALTHCARE ARCHITECTS

EXAMINATION APPLICATION

GENERAL INSTRUCTIONS:

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 February 1 (early bird deadline) or April 1 to be reviewed and approved for the July examination.**

2019-2020 Fee Schedule:

Application/Examination Fee (November 1, 2019 to February 1, 2020): $20.00

Application/Examination Fee (February 2, 2020 to April 1, 2020): $200.00

- Between November 1, 2019 and February 1, 2020, if an application is not deemed complete and cannot be accepted, or is withdrawn, zero fee is refunded.
- Between February 2, 2020 and April 1, 2020, if an application is not deemed complete 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.
- Re-examination Fees are waived until February 1, 2020 at which point fees will be $20.00 until July 31, 2020.

Continuing Education:

Each candidate who successfully passes the examination will be awarded 20 CEUs through the American Institute of Architects (AIA) which will satisfy the continuing education for the subsequent year. Please note your AIA number on your application if you are a member.

Submission Requirements:

The application process is all online at **www.healtharchitects.org**. Please be prepared to supply the information contained in the checklist and attached application.

ACHA Examination Application Checklist
The following must be received for the application to be considered complete.
Incomplete applications will be returned according to the 2019-2020 Fee Schedule.

☐ Completed 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 a province of Canada or Australia.

☐ 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 13.

☐ Fees which include payment for the application and examination fee.

PORTFOLIO

PORTFOLIO REQUIREMENTS:

A complete Application and Portfolio **must** include the following items:

1) A PDF of the application completed and signed by the applicant. All portions of the application must be completely filled out. Hand-written applications will not be accepted.

2) The application and portfolio should be uploaded in the following pieces:
    - Exam application
    - Client Reference Letters (three letters in one file)
    - Letters of Recommendation (three letters in one file)
    - Demonstration of Current Licensure
    - Demonstration of Original Licensure
    - Portfolio of Projects

3) The applicant consent form completed and signed by the applicant.

4) Demonstration of licensure as an architect in at least one jurisdiction of the United States, its territories, Canada, or Australia for no fewer than three years. *A photocopy of the applicant's original license or licensing certificate is acceptable documentation.*

5) Demonstration of practice as a licensed architect with no fewer than 6,000 hours total healthcare practice/ experience within the last five years (can include pre-license experience).

6) Three (3) letters of recommendation from architects who know your work personally and who are not in the firm where you are currently employed. *Reference letters must contain specific language that indicates that the referring architect believes the applicant to be qualified for ACHA Board Certification.*

7) Three (3) letters of reference from clients 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 different clients/institutions, even if all three are contained within same hospital system, for example.

8) At least (3) but not more than (9) projects from the past five years. A signature from another architect or client is required on each project's narrative to confirm your role and responsibility.

    - Portfolios shall contain a narrative statement of no more than one page per project describing each project, summarizing the program, emphasizing the role and responsibility of the applicant on that project. Narrative must include detailed account of applicant's contribution to each project's effort. Project description should include both problem and solution for each project as well as applicant's role in project's solution. Generic firm marketing materials should not be submitted.

    - The one page narrative data should also include associated facts with each project, to include square footage, construction cost, completion dates, the name of the owner, all consultants, the contractor and other pertinent facts.

    - Portfolios shall include floor plans and other drawings to explain the project, and photographs or quality color copies of photos of the interior and exterior (except for renovations that do not impact the exterior). *The drawings and photos should not exceed three pages for any one project.* Candidates should include projects and presentation-quality project documentation that provides sufficient detail for reviewers to come to an understanding about the range and depth of the candidate's knowledge and experience as well as an appreciation of the candidate's ability to apply that experience and knowledge in the problem-solving and design process. Portfolio should be vertically (portrait) oriented and include legible, easy to read graphics.

9) An applicant may use a single B'Arch or M'Arch project from a NAAB accredited program for inclusion as one of the three 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.

American College of Healthcare Architects

Online Application Questions

Applications can only be submitted online at *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: ☐   ☐   Date of Birth:_____   Country of Birth: ☐ U.S. ☐ Canada ☐ Other _____
        Male Female   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.

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:

☐ A private architectural practice　　　　　☐ A private planning/consulting practice

☐ A healthcare organization　　　　　　　　☐ A public institution

☐ I am retired from active practice　　　　　☐ Other_____

Name of firm: _____

Address: _____

Phone No. and Contact: _____

☐ Sole Proprietor　　　☐ General Partner　　☐ Corporation Director/Shareholder

☐ Employee　　　　　　☐ 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.

EXPERIENCE

Employment Experience

(List experience chronologically, beginning with the most recent. Attach additional sheets as necessary.)

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

APPLICANT CONSENT

After reading the following statement in its entirety, affix your signature and the date in the spaces provided.

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.

_____

Name of Applicant (print or type)

_____

Signature of Applicant Date

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 it 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 888-519-9901.

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 888-519-9901.

<div style="border:1px solid black; padding:10px;">
Mail your completed form and correct fee to:
PSI, 18000 W. 105th St., Olathe, KS 66061-7543
</div>

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: _____

AMERICAN COLLEGE OF HEALTHCARE ARCHITECTS *Experienced, Certified, Preferred*

American College of Healthcare Architects
Reschedule Form

GENERAL INFORMATION (please print)

Name_____

First   Middle   Last   Suffix

AIA Member: ☐ No   ☐ Yes, Member Number: _____

Candidate ID Number: _____

Preferred Address:

Name of Firm: _____

Mailing Address:_____

_____
City   State/Province   Zip   Country

Telephone Number: _____   Fax Number: _____

Email Address: _____

Reschedule Fee: $0.00 for 2020

PAYMENT INFORMATION – Federal Tax ID #76-0646023

☐ Check made payable to ACHA in U.S. funds   ☐ Visa   ☐ MasterCard   ☐ American Express

Credit Card Number: _____   Exp. Date: _____

Cardholder's Name: _____   Signature: _____

You will be notified via email by our office when you are able to reschedule your examination.

Return this form with your payment to:
ACHA
4400 College Boulevard, Suite 220
Overland Park, Kansas 66211
Phone: 913-222-8653
Fax: 913-222-8606

AMERICAN COLLEGE OF HEALTHCARE ARCHITECTS

American College of Healthcare Architects
Re-Examination Application

GENERAL INFORMATION (please print)

Name_____
First   Middle   Last   Suffix

AIA Member: ☐ No ☐ Yes, Member Number: _____

Candidate ID Number: _____

Preferred Address:

Name of Firm: _____

Mailing Address:_____

_____
City   State/Province   Zip   Country

Telephone Number: _____ Fax Number: _____

Email Address: _____

Re-examination Fees are WAIVED until February 1, 2020
at which point fees will be $20 until July 31, 2020.

PAYMENT INFORMATION – Federal Tax ID #76-0646023

☐ Check made payable to ACHA in U.S. funds   ☐ Visa   ☐ MasterCard   ☐ American Express

Credit Card Number: _____ Exp. Date: _____

Cardholder's Name: _____ Signature: _____

You will be notified via email by our office when you are able to schedule
your re-examination for the next July exam window.

Return this form with your payment to:
ACHA
4400 College Boulevard, Suite 220
Overland Park, Kansas 66211
Phone: 913-222-8653
Fax: 913-222-8606