



**American College of Healthcare Architects
Re-Examination Application**

Deadline June 1, 2020

GENERAL INFORMATION (please print)

Name _____
First Middle Last Suffix

AIA Member: No Yes, Member Number: _____

Social Security Number: _____

Preferred Address:

Name of Firm: _____

Mailing Address: _____

_____ City State/Province Zip Country

Telephone Number: _____ Fax Number: _____

Email Address: _____

2020 Re-Examination Fee: \$0.00

Re-examination Fees waived effective immediately until February 20, 2020 at which point it will be \$20 until the end of the 2020 examination window (July 31, 2020).

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 by email or mail to:
ACHA
4400 College Boulevard, Suite 220
Overland Park, Kansas 66211
Phone: 913-222-8653
Fax: 913-222-8606