



## Certified Healthcare Internal Audit Professional™ Professional Recommendation Form

Select 'Save As' to save the form to your computer before filling it out.  
Open the form in a PDF Reader (e.g. Adobe Acrobat) to edit and save.  
Make sure the form doesn't open back up in your web browser.

### Part I. Applicant Information – To be completed by applicant

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Part II. Professional Recommendation- To be completed by reference

The individual named above is applying for Certification through The Association of Healthcare Internal Auditors.  
Please print, sign, and date the completed form and return to the applicant.

Have you known the applicant for at least two years? Yes      No

Describe how you know the applicant.

Describe why you recommend that the applicant be awarded certification, noting their experience, skills and character.

Please provide your current mailing address and daytime telephone number. An AHIA representative may contact you to verify the information you have provided.

Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

By signing this form, I recommend the applicant for CHIAP™ Certification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date