



Statement of Understanding and Code of Ethics

I hereby apply for the Certified Healthcare Internal Auditor™ (CHIAP™) certification offered by the Association of Healthcare Internal Auditors (AHIA), and attest that I have read and understand the eligibility criteria contained within this application. I certify I meet all eligibility requirements and that all of the information provided in my application is accurate and complete to the best of my knowledge and ability. I understand AHIA will rely upon the information I have provided to evaluate this application and that providing false or misleading information, omitting required information, or otherwise violating the rules of certification will disqualify me from receiving or maintaining any certification offered by AHIA, and may result in appropriate disciplinary action. AHIA reserves the right to reject an application based on incomplete or inaccurate information, and further reserves the right to deny or revoke certification due to incomplete or inaccurate information, or the violation of the Code of Ethics adopted by AHIA. The Code of Ethics, formally adopted and endorsed in 2011 by AHIA is reflected in The Institute of Internal Auditors (IIA) mandatory components of the International Professional Practice Framework (IPPF). The IPPF includes the official definition of internal auditing, the International Standards for the Professional Practice of Internal Auditing, and the Code of Ethics, which is available at theiia.org.

I further understand I must immediately inform AHIA of changes pertaining to my contact information and any changes, which may impact my certification or recertification eligibility.

I agree that all materials I submit to AHIA in the certification process shall become the property of AHIA and AHIA is not required to return any of these materials to me.

I understand I am eligible to take the CHIAP™ examination within two years of my application being approved and that if I do not take my CHIAP™ examination within that period, my application will be deemed invalid, and I will be ineligible to sit for the CHIAP™ examination unless I submit a new application with the required fee, and that application is approved by AHIA.

I understand I may be disqualified from taking or completing the examination, or from receiving examination scores, if AHIA determines through proctor observation, statistical analysis, or other means that I engaged in collaborative, disruptive, or other inappropriate behavior during the administration of the examination.

I understand that passing the CHIAP™ examination and meeting all criteria will result in AHIA awarding me the CHIAP™ credential. I agree to only display and represent my certification in a manner pursuant to AHIA guidelines, and I agree to comply with all AHIA policies and procedures in connection with the certification.

I understand that if I do not pass the CHIAP™ examination, I may take the examination a total of three times within my two-year examination eligibility period, with a minimum 30-day waiting period between each examination attempt. After the two-year examination eligibility period lapses, to be able to retake the examination I understand I would be required to submit a new application with the required fee, and

that application must be approved by AHIA. Additionally, I understand for each repeated failure after the third attempt I must wait one year between examination attempts

If I am informed my application has been denied, I understand I may appeal in writing to AHIA pursuant to its appeals procedure. I agree to accept AHIA's decision upon any appeal.

I understand that the content of the CHIAP™ examination is proprietary and strictly confidential information. I will maintain the confidentiality of the CHIAP™ examination questions and content, and, I agree I will not discuss, debrief, or disclose, either directly or indirectly, any part of the CHIAP™ examination content, questions, or answers to any person or entity.

I recognize AHIA is the sole and only judge of my qualifications to receive and maintain certification. I further recognize AHIA reserves the right to modify or alter at any time the certification standards, requirements for certification and recertification, and any rules, policies, or procedures in connection therewith.

I authorize AHIA to include my name and contact information in any publicly available lists or directories in which the names of Certified Healthcare Internal Auditors are published, and waive any rights of objections to such listings (unless I have indicated otherwise in my certification application).

I understand and agree AHIA owns all right, title, and interest in and to all names, trademarks, logos, copyrights, applications, and other material related to the CHIAP™ program (Intellectual Property), and I agree I will only use such Intellectual Property in accordance with AHIA policies. I agree to cease using such Intellectual Property upon the expiration, retirement, suspension, or revocation of my certification or if I am alerted to the inappropriate use of such Intellectual Property.

I understand and agree AHIA does not make any claims, warranties, guarantees, or promises regarding the performance of any CHIAP™, and I agree not to misrepresent my certification status and its meaning.

I also agree to promptly report to AHIA any possible violations of the Code of Ethics adopted by AHIA or the terms of this Statement of Understanding by AHIA members or other persons who have applied for or been awarded the CHIAP™ credential by AHIA.

I agree to indemnify, release, discharge, and hold harmless, individually and collectively, AHIA and any and all directors, officers, agents, examiners, and employees of AHIA from any and all liability arising in connection with the certification program; any decision, action, obligation, damage, claim, or omission relating to this application; the taking, grading, and reporting of the examination; the failure to grant the certification, recertification to me; and the revocation of my certification. I understand and agree any decision concerning my qualification for any credential, as well as any decisions regarding my recertification for any credential and my compliance with the Code of Ethics adopted by AHIA rest within the sole and exclusive discretion of AHIA and that these decisions are final.

I authorize verification of this information and release all concerned from any liability in connection therewith. If audited, I understand I must provide the information requested prior to scheduling and taking the examination.

This Statement of Understanding may be updated or revised from time to time. It is your responsibility to obtain the most up-to- date copy online. *Document last updated in December 2018.*

Intent to Participate

I intend to participate in AHIA's CHIAP™ Certification program and agree:

- I will provide my professional demographic profile to be used for research purposes, collected at the time of the application. (NOTE: AHIA does not sell your name and contact information to marketing firms. This information is solely for AHIA's use.)
- My data, used in an anonymous fashion, can be used and released for research purposes and published as part of the program analysis.
- I have read and will follow the Code of Ethics adopted by AHIA and Intellectual Property policy as may be amended from time-to-time by the AHIA.
- I will pay the Application and Examination Fee in the amount specified in the program materials, which is partially refundable if my application is denied or rejected.
- I have read and understand all of the CHIAP™ Certification Program materials and the CHIAP™ requirements in the Candidate Handbook.
- I will report to AHIA, within 45 days of occurrence, any matters, proceedings, lawsuits, settlements, and/or agreements, administrative agency actions, or organizational actions related to my profession or occupation, including all complaints related to my professional activities as a healthcare internal audit practitioner, and matters, or proceedings involving, but not limited to certification, credentialing, malpractice, disciplinary ethics or similar matters. I also agree to promptly report within 45 days of any occurrence of felony criminal charges, convictions, or plea agreements, or other criminal charges, convictions, plea agreements relating to acts of dishonesty or unethical conduct.
- I understand that the decision as to whether I qualify for certification rests solely and exclusively with AHIA and that the decision of AHIA is final.

By submitting this application, I acknowledge I have read, understand and agree to all of the above items.