



**Certified Healthcare Internal Audit Professional™**

**Status Change Request Form**

**Contact Information**

**Name:**

**Address:**

**Telephone:**

**Email Address:**

**Status Change Request**

**My Certification is currently Active and I would like to change my status to Retired.**

**Retirement Date:**

**I acknowledge the following statements.**

My CHIAP status will be changed to Retired effective on the date indicated above.

Any future use of my credential must indicate 'Retired' everywhere it appears.

**My Certification is currently Active and I would like to change my status to Inactive.**

**I acknowledge the following statements.**

My CHIAP status will be changed to Inactive, effective on my next recertification date.

I will still be responsible for paying the Inactive Fee at my recertification date, but will not be required to report CPE activity while my certification is Inactive.

At such time that I wish to reactivate my certification, I will be required to submit the required CPE for recertification.

I will not be allowed to use the CHIAP credential while my certification status is Inactive.

**My Certification is currently Inactive and I would like to change my status to Active.**

**I acknowledge the following statement.**

I am required to meet the CPE requirements for recertification in order to reactivate my certification.

**Print this form to sign and date.**

**Please submit the signed form to [info@ahia.org](mailto:info@ahia.org), with the subject line, "CHIAP Status Change". An AHIA administrator will contact you if any additional steps are required.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date