How to Apply for CHIAP® Certification

Before you begin; have you...

- Reviewed the Candidate Handbook?
- Confirmed that you meet the Eligibility Requirements? •
- Completed the required forms?

If you have not, please visit https://ahia.org/application-process/ for further review of the application process.

1.) Apply Now

Click

If you have all the required forms an	d information to proceed, visit
https://ahia.org/application-process/	and click the 'Apply Now' button.

If you are a member, be sure to log in to receive the member price before proceeding to checkout. If you are not a member, but interested in becoming one, click here to learn more about the benefits of AHIA membership.

Click the Add to Cart button to continue.

	Price: \$745.0	00	Member Price: \$49	5.00
	Become a Certified Healthcare Internal Audit Pro prepare forms prior to submitting your application reduced fees for all of AHIA's offerings, visit the Handbook for more details.		cation. If you are not a member and wish to	become a member to enjoy
	Quantity:	1		
		Add to	Cart Continue Shopping	
ist the Charles-	hutton			
Your Shopping		Quantity	Unit Price	Total
lick the Checkout Your Shopping Item Certification Program Applic Fee	g Cart	Quantity 1	Unit Price \$495.00	Total \$495.00

2. Login or Create an Account at Checkout

If you are NOT an AHIA member you will need to create an account. If you are an AHIA member, login and skip to Step 4. Complete the required fields to create an account.

Note- After you enter and confirm your email address, it will automatically become your username. You will need this username and password to access the My CHIAP Profile on the AHIA website after you have completed your application.

Click the **Save** button to continue.

Create an Accou	Create an Account		
Already registered? <u>Sign</u>	In .		
Prefix	(None) •		
 First name 	Jackie		
Middle name			
* Last name	Hein		
Suffix	(None) •		
Designation	Jackie Hein		
Title			
* Email	hein.jackie@yahoo.com		
* Confirm email	hein.jackie@yahoo.com		
Phone			
Mobile phone			
* Country	United States		
* Address	123 Main St.		

	Bartlett
* City	Bartlett
* State	Illinois 🔹
 * Postal code	60103
Create an account	
Username	hein.jackie@yahoo.com
* Password	
 Confirm password 	
The password must be at l	east 7 characters long and contain at least one number

Save Cancel

4.) Payment

Complete your payment information and Click the Submit button to continue.

Note- Access to the Certification Management System will not be granted until payment is made in full. **If** you're paying by check, the application submission and review process will be delayed for processing.

Note- If you have a coupon code for a current promotion, enter it in the field below and click the Apply button before entering your payment information.

Checkout				
Amount Due Now: \$495.00			Apply Coupon Code]
Your Credit & Debit Cards		Name on card	Expires on	
+ Add a credit or debit card				
A No payment method selected. Please sele	ect a payment option to contir	nue.		
	Review & Confirm Order	Continue Shopping		

5.) Order Confirmation

You will receive an email with Your Order Confirmation. It will also appear on screen.

Click the Link to log in to AHIA's Certification Management System and complete your online application. You will be asked to log in again.

Order Confirm	ation				
	Association of Healthcare Intern AHIA, 10200 W 44th Ave, Ste 304, Wheat Rid				
Order Number Order Date Bill To	61 12/6/2018 Jackie Hein, Jackie Hein Visa ***********1111				
Payment Method Visa *********1111 Name on Card Jackie Hein Ship To Jackie Hein, Jackie Hein 123 S Main St Bartlett, IL 60103 UNITED STATES UNITED STATES					
Shipping Method	United States Postal Service				
Click here to log in to application.	Application Examination Fee AHIA's Certification Management System to complete be granted until the purchase is paid in full. Check payn mission and review.		1	745.00	745.00
Application Instruction	e to review the application process and access the Step ons and required forms prior to completing your online ions or concerns, please contact AHIA's Senior Educatio ie Hein via <u>email</u> or phone (847-686-2325).	application.			
		Item Total			745.00
		Shipping Handling			0.00
					0100

6.) Profile Information

 \mathbf{i}

Complete your Profile Information on all three tabs; personal information, address and attributes. Required fields are indicated with *.

TRANSACTION GRAND TOTAL 745.00

Click the **Next** button to advance to the next tab.

lein	Logged In: Jackie Hei
	nformation The required fields are marked with *.
	d be kept complete and up to date. Information shown in gray can be changed by contacting AHIA .org. If you need assistance, contact us via email or by calling us at (847)686-2325.
Int Directions: Please complete t	the forms within each of the tabs below, then click Save to store the information to your profile.
Jackie Hein	Update Individual Profile #20176
Personal Information Add	dress Attributes
te Name	
Τ	tle (Salutation)
First Nan	ne* Jackie
Middle Init	ial
Last Nan	ne* Hein
Suf	flx (Jr., Sr., Credentials)
Nicknar	ne
Previously Used Nam	es
Gend	ler v
Convicted of Felon	Y?* No ▼ Felony conviction does not automatically disqualify you from applying for certification, however you will be contacted by AHIA staff to obtain further information.
Contact Information	
	oviding US and Canadian phone numbers, please type the area code first, ; for international numbers, please provide country and city codes, e.g., 411-11-#######.
Home Pho	ne*
Work Pho	ne
Cell Pho	ne
Primary Em	ail*
Confirm Em	ail*
Secondary Em	ail

Note- If you have an international address, enter the Country first to modify the options available in the State/Province field.

Menu		Portal	QC Version
🔓 Jackie Hein			Logged In: Jackie Hein
Portal Home	Update Profile Inf	ormation The required fields are marked with *.	
Account Details		kept complete and up to date. Information shown in gray can b . If you need assistance, contact us via email or by calling us a	
Account	Directions: Please complete the f	forms within each of the tabs below, then click Save to store the	e information to your profile.
臱 Update Profile	Jackie Hein	Update Individual Profile	#20176
Jog Out	Personal Information Address	Attributes	
Resources	Privacy and Communication Options -		
		ified Healthcare Internal Auditor Directory.	
	I would like to be recognized in A	AHIA newsletters, website, and other publications or announced at a conference	e if you pass the exam.
			Prev Next > Save

After completing all three tabs, click the **Save** button.

Note- If you are missing any required fields, the system will show the following message to alert you to go back and make entries in these fields. When returning to a field, enter or tab through to the next field to make sure the entry is updated.

Create New Individual Account The required fields are marked with *.		
Your profile information should be kept complete and up-to-date. This is necessary for us to contact you regarding your credential(s). Information shown in gray can be changed by contacting AHIA via email at <u>AHIA@ahia.org</u> or by calling us at (303) 327-7548.		
Directions: Please complete the forms below.		
Please correct the following problems:		
Convicted of Felony?: This field is required Home Phone: This field is required Company: This field is required		
Add Individual		

7.) CHIAP Application

Instructions will appear on each page throughout the application. Read them carefully before advancing.

Click the **Next** button to continue.

CHIAP Cert /	App created	Incomplete	AHIA-CERTAPP-432			
Certification: Cer	Certification: Certified Healthcare Internal Audit Professional (CHIAP)					
0 FT F A F						
 Certification Applic 						
Please Read I	Before Continuing:					
Applying for a	CHIAP™ Certification throug	h this system will require you to comple	ete a series of online forms and to upload			
1		ducation and experience. You should be				
1 1		tion and experience pathway that is the				
2) Upload copy documentation		e or transcripts, including <u>Name Chang</u>	<u>e Forms</u> and supporting legal			
	1 M M M M M M M M M M M M M M M M M M M	n internal audit profession and healthcar	re setting			
		available from our Website for each job	<u> </u>			
Click the Next	button to continue.					
		Available Certifications				
Action	Certification					
Select	Select Certified Healthcare Internal Audit Professional (CHIAP)					
Selected Record						
Certified Healthcare Internal Audit Professional (CHIAP)						
Cancel			Next 🕨			

Click the **Select** button next to the current available exam window.

HIAP Cei	IIAP Cert App created Incomplete AHIA-CERTAPP-43				
ertification:	ertification: Certified Healthcare Internal Audit Professional (CHIAP)				
	™ certification ex	am is being offered during the fol n next to your preferred exam wir	-	utton to continue.	
Available Exam Window(s)					
Action	Status	Name	Registration Period	Exam Window	
Select	Closed	Spring Exam Cycle	Ends 5/31/2019	May 1, 2019 - Jun 30, 2019	
Select	Open	Winter Exam Cycle	Ends 1/31/2020	Feb 1, 2020 - Mar 31, 2020	
Listed: 2 Cancel				Prev Next	

Click the Select button next to your selected Application Pathway. (Associate's Degree or Bachelor's Degree)

CHIAP Cer	t App created	Incomplete	AHIA-CERTAPP-432
Certification:	Certified Healthcare Internal	Audit Professional (CHIAP)	
Exam Window:	Winter Exam Cycle		
Pathway —			
under which	you are applying for CH	ext to the Application Pathway that most closely IAP™ certification. Note- If you do not have a de r form in place of your diploma.	
Click the Ne	xt button to continue.		
		Available Pathways (Select One)	
Action	Pathway		
Select	Associate's Degree		
Select	Bachelor's Degree or High	ier Degree	
Listed: 2			
Cancel			✓ Prev Next >

Click the **Next** button to continue.

8.) Degree Information

Click the Add **Degree** button to provide information about your degree.

CHIAP Cert	App created	Incomplete	AHIA-CERTAPP-157
Certification:	Certified Healthcare Internal Audit Professional (C	CHIAP)	
Exam Window:	Test Exam Cycle		
Pathway:	Associates Degree		
		nformation about the degrees in your education	
When you ha next step. Add Degree	we entered all the relevant degrees, click	the Select button next to the highest degree	listed to continue to the
	Re	ported Degrees	
Click the	Add Degree button to report your eligible	e degrees.	
Query SQL			
Cancel			✓ Prev Next →

Complete all the required fields and click the **Next** button to continue.

dd Degree		(
General Files	Review and Submit	
- General		
	diploma, official transcript, letter from your college/university or Education Records Ev highest degree achieved must be uploaded at the time of submission of the petition. C	
NOTE: If the name state uploaded along with legal	d on your degree or transcript is no longer your legal name, a <u>Name Change Form</u> mu documentation of the name change.	st also be
NOTE: When using the c	alendar icon to enter completion date, select the month and year prior to clicking on the	e day.
Degree Type*	×	
Major*		
Institution*		
Completion Date*	Date of Graduation	
	Next	Cancel

Click the **Add files** button to upload your diploma, transcript or letter from your college/university, or Education Records Service Report.

Note- If the name on your degree is no longer your legal name, a Name Change Form must also be uploaded. Add multiple documents as needed. *Documents submitted in Word format (.doc) will not be accepted.

Click the **Next** button to continue.

Add Degree X
General Files Review and Submit
r Attachments
Directions: Click Add files to upload your diploma, transcript or letter from your college/university or Education Records Evaluation Service Report. You can delete unwanted documents by clicking on the red trash can icon.
NOTE: If the name stated on your degree or transcript is no longer your legal name, a <u>Name Change Form</u> must also be uploaded along with legal documentation of the name change.
When you have finished uploading files for this degree, click the Next button to continue.
File(s)* Required formats: pdf, png, jpg
+ Add files O Cancel upload
(Prev Next) Cancel

Check the accuracy of the information you provided and click on the **Submit** button to continue.

General				
Degree Type	Associate Degree			
Major	Internal Audit			
Institution Completion Date	Healthcare University 06/14/2018			
Attachments	00/14/2010			
File(s)	Uploaded	File Name	Size	Туре
	12/06/2018 01:25 pm	My Degree.pdf	421 KB	pdf

If you enter multiple degrees, click the **Select** button next to the highest degree listed.

CHIAP Cei	t App created	Incomplete		AHI	A-CERTAPP-157		
Certification:	Certified Healthcare Internal Audit Profe	ssional (CHIAP)					
Exam Window:	Test Exam Cycle						
Pathway:	Associate's Degree						
Degree							
	-	Reported Degrees					
	Select the degree the	at meets the requirement	of your eligibility ro	oute.			
Action	Degree		Completion	Level	Edit		
Select	Associate Degree in Internal Audit fr	rom Healthcare University	06/14/2018	Reported	Edit Del		
Listed: 1							
Query SQL							
_		Coloriad Descend					
Selected Record							
• As	sociate Degree in Internal Audit fr	om Healthcare University					
Cancel					Prev Next		

9. Professional Work Experience

Click the Add Work Experience button to list your work experience in order beginning with your most recent employer. You will be required to upload completed Employment Verification Forms at this time. For both the Associate's and Bachelor's Degree Pathways. *Documents submitted in Word format (.doc) will not be accepted.

		Logged In: Jackie Hein
CHIAP Cert App created	Incomplete	AHIA-CERTAPP-157
Certification: Certified Healthcare Internal Audit Profe	essional (CHIAP)	
Exam Window: Test Exam Cycle		
Pathway: Associate's Degree		
Work Experience		
Directions: Associate's Degree Pathway		
Click the Add Work Experience button to list Repeat as needed.	work experience in order beginning v	vith the current or most recent employer.
Applicants must demonstrate at least 5 years as well as at least 2 years of experience work		
Click the Next button to continue.		
Add Work Experience		
	Reported Work Experience	
	reported work experience	
Click the 'Add Work Experience' button to	report your eligible work experience.	
Query SQL		
Cancel		✓ Prev Next →

Complete the required fields in each of the tabs.

General Employer St	upervisor Files	Review and Submit	
General			
Directions: Provide informati	on about your employe	er during your time in this	s position.
Click the Next button to contin	nue.		
Job Title*			
Start Date*			
End Date*	If current job,	enter today's date	
Months Worked*	months		

On the files tab, you will be required to upload your Employment Verification Form for the corresponding employer.

dd Work E	xperience						
General	Employer	Supervisor	Files	Review and Submit			
Attachments -							
Directions:	Associate's	Degree and Ba	ichelor's or	Higher Degree Pathw	ays		
Click the Ad	Id Files butto	n to upload the	complete, co	prresponding Employm	ent Verification F	orm for this employ	er.
Note: If you	are applying	under the Gran	dfathering	Program Pathways: V	erification Forms	are NOT required.	
Click the Ne	ext button to c	ontinue.					
	File(s)	+ Add file	s 🛛 🖉 C	ancel upload			
		12-07-2018		oloyment Verification	308.6	6	
		am	For	n_12_3_18.pdf	KB		
						Prev Next (Cancel

You may make as many entries as needed to demonstrate that you meet the requirement for your Degree Pathway. (Associate's or Bachelor's)

Click the **Next** button to continue.

CHIAP	Cert App created	Incomplete	AHIA	A-CERTAPP-157			
Certificat	tion: Certified Healthcare Internal Audit Profes	ssional (CHIAP)					
Exam Wind	n Window: Test Exam Cycle						
Pathy	way: Associate's Degree						
Work Expe	erience						
Directio	ns: Associate's Degree Pathway						
Repeat		work experience in order beginning with the curr orms are required for each employer as needed					
		of experience working in the internal audit profes ng in a healthcare setting within the past 5 years		the past 10 years,			
Click the	Next button to continue.						
Add Wo	rk Experience						
	R	eported Work Experience					
Sel	Job	Dates	Months	Edit			
	Healthcare Auditor at Healthy Boss	12/01/14 - 12/07/18 (Current Job)	48	Edit Del			
Listed: 1							
Query SC	<u>2L</u>						
Cancel				◆ Prev Next ►			
Query SC				Prev Next +			

10.) Special Accommodations

You may request special accommodation to be made at the Exam Testing Center if needed.

		Logged In: Jacqueline Steffen			
CHIAP Cert App creat	ed Incomplete	AHIA-CERTAPP-158			
Certification: Certified Health Exam Window: Test Exam Cyco Pathway: Associate's De					
Special Accommodations Reque	st				
Would you like to request	Special Accommodations to be provided at the	ne Exam Testing Center?			
Note: Grandfathering Pro	gram Pathway applicants are not required to ta	ake the exam and may indicate 'no' to proceed.			
Click the Next button to co	ntinue.				
Would you like to request	special accommodations under the Americans	with Disabilities Act?			
Select One* O No O Yes					
Cancel		(Prev Next)			

Click **Add Special Accommodations Request** to provide information on the accommodations you are requesting.

CHIAP Cert App created	Incomplete	AHIA-CERTAPP-157				
Certification: Certified Healthcare Internal Au	idit Professional (CHIAP)					
Exam Window: Test Exam Cycle						
Pathway: Associate's Degree						
Special Accommodations						
with physical or mental disabilities in ad	able accommodation in its examination proce ccordance with the Americans with Disabilitie e Candidate Handbook, visit <u>www.ahia.org/c</u>	es Act (ADA). To review the entire				
Directions: Click on the Add Special Accommodations Request Form	Accommodation Request button to list accommodation Request button to list accommodation acco	ommodations you require and upload the				
For further assistance regarding specia	al accommodations, contact us at <u>certification</u>	n@ahia.org or 847-686-2325.				
Click the Next button to continue.						
Add Special Accommodation Request						
Sa	ved Special Accommodation Reque	ests				
No saved requests found. Click the button above to create a new request.						
Query SQL						
Cancel		Prev Next				

List all the special accommodations you are requesting.

Add Special Accommodation App	×
Special Accommodations Application	
r Additional Information	
Directions: List all the special accommodations you are requesting. You will be required to upload the <u>Special</u> Request Form on the following screen. Upon application approval, you will be notified directly by PSI to arrang accommodations.	
Examples of requests which can be accommodated are:	
Enlarged Font/Screen Magnifier Extra Time (time and one-half or double time) Job Access with Speech (JAWS) Reader Scribe Separate Room Sign Language Interpreter (to facilitate communication with test center personnel only)	
Click on the Next button to continue.	
List requested ADA accommodations*	
Nex	kt) Cancel

Upload the Special Accommodations Request Form.

Add Special Accommodat	tion App				×
Special Accommoda	tions Applica	ition			
	icon. For further as	id your <u>Special Accommodati</u> ssistance regarding special ac			
File(s)*	+ Add files 12-06-2018 1:37 pm	Cancel upload Special Accommodations Form_12_3_18.pdf	1.01 MB		
				(Prev Next)	Cancel

Check the accuracy of the information you provided and click on the Next button to continue.

CHIAP Cer	t App created	Incomplete		AHI	A-CERTAPP-157	
	Certified Healthcare Internal Audit Profession	al (CHIAP)				
Exam Window:						
Pathway:	Associate's Degree					
	1.0					
Special Accon	imodations "					
with physica	nmitted to providing reasonable accom al or mental disabilities in accordance v ations Policy, outlined in the Candidate	with the Americans wi	th Disabilities Act (ADA	 To review 		
	Click on the Add Special Accommod ommodations Request Form.	dation Request butto	on to list accommodatio	ns you requ	ire and upload the	
For further	assistance regarding special accommo	dations, contact us a	t certification@ahia.org	or 847-686	-2325.	
Click the Ne	ext button to continue.					
Add Specia	Accommodation Request					
	Courd Cours		lan Bannata			
	Saved Spec	cial Accommodat	ion Requests			
Plea	use select the special accommodation	on request that you	would like to attach w	ith this app	lication.	
Action	Request		Updated	Status	Edit	
Select	enlarged font • Special Accommodations Form	12 3 18 ndf	12/06/2018 01:48 pm	Attached	Edit Del	
Listed: 1		12 0 10.001				
Query SQL						
Selected Record						
o er	larged font					
	 Special Accommodations Form_1 	2_3_18.pdf				
Cancel				1	I Prev Next ►	

11.) Code of Ethics and Statement of Understanding Review the AHIA Code of Ethics and agree to the Statement of Understanding

 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 rest 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.						
E-Signature*	Jackie	Hein				
	First Name	Last Name				
Cancel		Prev Next >				

12.) Submit your CHIAP Certification Application.

		Logged In. Jackie Hei
CHIAP Cert App crea	ted Incomplete	AHIA-CERTAPP-157
Certification: Certified Healt	hcare Internal Audit Professional (CHIAP)	
Exam Window: Test Exam Cy	de	
Pathway: Associate's De	gree	
Confirmation Screen		
	ation and eligibility information to ensure that the information is accurate, oplication button at the bottom of the page.	
Important Note: Your an	plication will not be complete until your payment has been processed.	
Certification Application	n	
Certification	Certified Healthcare Internal Audit Professional (CHIAP)	
Exam Window	Test Exam Cycle	
Pathway	Associate's Degree	
Special Accommodation	ons Request	
Special Accomodation Requested	No	
Affirmation		
E-Signature	Jackie Hein	
Cancel	• Prev Next	Submit Application
Carcet	riev neu	Sabilit Application

13.) Log out of the system correctly. (Particularly if you use a shared work computer.)

Menu		Portal			QC Versi
🚳 Melanie Hein				Log	gged In: Melanie H
Portal Home Application	Pending Review				
	-			tion Della	Marrielling
741741074401111014101	will verify that you have attach nen your application Level is se		ents for your Applica	ition Pathway.	You will recei
Account					
CHIAP Cert App c	reated on 11/	Awaiting Docs		AHIA-C	ERTAPP-15
June Content C					
Resources					
					¢
Visit the AHIA website AHIA-CERTAPP-152:	CHIAP Cert App created on 11	29/2018			
Level	Awaiting Docs	Level Last U	pdated Tue Dec 11	2018	
Last Update	Last Updated: 12/11/2018 Result: Level set to Awaitin				
Certification Applica	ation				
Applicant	Pur	oose	Locatio	n	Status
Melanie Hein	Certified Healthcare Internal	Audit Professional (CHIAP)	PSI Test Ce	nter Aw	aiting Docs
Eligibility					
Route	Grandfathering - AHIA Membe	er			
E-Signature	Melanie Hein				
Degree					
Name			Completion	Status	Action
Bachelor's or higher	degree in Internal Audit from Hea	Ithcare University	08/23/2018	Attached	Review
Name Chan	e Form 12 3 18.pdf				
		al varaity	02/02/0018	Percented	Baulau
	Internal Audit from Healthcare U	inversity	03/23/2018	Reported	Review
Name Chang	<u>je Form.pdt</u>				
Professional Design	ations				
Туре		Number Issued	Expires	Status	Action
Certified Public Acco	ountant (CPA)		12/31/2018	Attached	Review
Name Change					

If you are unable to complete your application and need to return to the system. You can use the link provided in your email, or visit <u>https://ahia.org/my-chiap-profile/</u> to access your application in the Certification Mangement System.

Click on the 'Click here to resume' link to continue your application.

nia			
are Internal Auditors			
Customer Service: (888) ASK-AHIA		12/7/2018 1:19pm (
		Portal	QC Vers
			Logged In: Jackie
Welcome Ja	ckie Hein		
ails			
ans I I I I I I I I I I I I I I I I I I I	Syst	em Message	
Certification Application:	You have 1 certification application in incom	olete status. Click here to resum	e
Certification reprictation.			-
	A.c.o.	unt Ou amilant	
	Acco	unt Overview	
Profile	Accor	unt Overview	
Profile Name	Accor	AHIA ID	20176
s Name Nickname			
5 Name		AHIA ID	
s Name Nickname	Jackie Hein	AHIA ID Previous Names	
s Name Nickname Job Title	Jackie Hein Audit	AHIA ID Previous Names	
s Name Nickname Job Title Convicted of Felony?	Jackie Hein Audit	AHIA ID Previous Names Industry	
s Name Nickname Job Title Convicted of Felony? Contact Info	Jackie Hein Audit No	AHIA ID Previous Names	
s Name Nickname Job Title Convicted of Felony? Contact Info Primary Email	Jackie Hein Audit No jackie@yahoo.com	AHIA ID Previous Names Industry Secondary Email	
s Name Nickname Job Title Convicted of Felony? Contact Info Primary Email Home Phone	Jackie Hein Audit No jackie@yahoo.com	AHIA ID Previous Names Industry Secondary Email	
s Name Nickname Job Title Convicted of Felony? Contact Info Primary Email Home Phone Work Phone	Jackie Hein Audit No jackie@yahoo.com	AHIA ID Previous Names Industry Secondary Email	20176 Nonprofit Integrated Healthcare System

Click the **Full Edit** button to resume your application.

		Portal		QC Version
				Logged In: Jackie Hein
Incomplete C	ertification App	lication		
Click on the Full Edit bu	tton to resume your application	n		
Show List				
CHIAP Cert App cr	eated on 12/	Incomplete	AHIA	A-CERTAPP-157
Overview				
				\$
Full Edit Cancel				
AHIA-CERTAPP-157:	CHIAP Cert App created on 12/6	/2018		
Level	Incomplete	Level Last Updated	Thu Dec 06 2018	
Last Update	Last Updated: 12/6/2018 8:2	21:09 AM		
Certification Application	tion			
Applicant	Purp	ose	Location	Status
Jackie Hein	Certified Healthcare Internal	Audit Professional (CHIAP)	PSI Test Center	Incomplete
Eligibility				
Route				
E-Signature				
, ,				

If you need any assistance with the application process, contact us at info@ahia.org.