

# HFMA CHFP APPLICATION

## Personal Information

The certificate will be printed with the formal name exactly as it is in your member profile. Please be sure your profile is accurate.

HFMA Member # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

## Education

Place an "X" on the line describing how you are supplying this information with this application.

Copy of college or university transcript or diploma attached.

Fulfilling requirement with 60 contact hours completed within two years prior to submitting this application.  
List of relevant activities attached.

## Professional Experience

**Current Employer** \_\_\_\_\_ Your Position Title \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Dates of Employment \_\_\_\_\_

**Prior Employer** \_\_\_\_\_ Your Position Title \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Dates of Employment \_\_\_\_\_

## References from CEO AND HFMA Chapter Officer

Request each reference to provide the following information.

**CEO or Immediate Supervisor:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Phone \_\_\_\_\_ Business e-mail \_\_\_\_\_

I hereby declare that to the best of my knowledge the applicant is of good character and should be granted the duties and privileges of an HFMA certified member.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Continued on next page)

# HFMA CHFP APPLICATION

## Chapter President, President-Elect or Other Elected Chapter Officer

Name \_\_\_\_\_

Career Title \_\_\_\_\_ Chapter Officer Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Phone \_\_\_\_\_ Business e-mail \_\_\_\_\_

I hereby declare that to the best of my knowledge the applicant is of good character and should be granted the duties and privileges of an HFMA certified member.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Notarized Affidavit

*This section must be completed and signed by a notary public. The original application must be mailed to HFMA National. Copies of the application and/or faxes of it will not be processed.*

I hereby declare before the proper authority that the statements contained in this CHFP Certification Application are correct to the best of my knowledge. I understand and by my signature subscribe to the HFMA Code of Ethics, with knowledge that any false statement or misrepresentation that I make in completion of this application may result in this application and issuance of a complaint of violation of said code.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Printed Name of Notary \_\_\_\_\_

Signature of Official Notary \_\_\_\_\_

Sworn and subscribed before me on this date \_\_\_\_\_

Seal

### Payment Information *\$50.00 processing fee*

Check enclosed payable to HFMA for \$50.00 \_\_\_\_\_ Check number (for tracking purposes)

Charge my: (check one)  Visa  MasterCard  American Express  Discover Card

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

***Allow 60-90 days for processing***

***Please mail completed original application and payment to:***

HFMA, Attn: Accounting Dept.  
Two Westbrook Corporate Center, Suite 700 Westchester, IL 60154