

Candidate Handbook



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INTRODUCTION:

The American Academy of Healthcare Interior Designers (AAHID) is known by the healthcare industry as the certification board of choice in assessing and qualifying the knowledge, skills and abilities of healthcare interior designers. Board Certified Healthcare Interior Design Certificants are recognized and qualified by education, work experience, and examination, to practice healthcare interior design, and are distinguished from other architects, designers, decorators, and interior designers.

All correspondence and questions related to examination eligibility should be directed to:

AAHID

c/o Account Manager 8735 W. Higgins Road, Suite 300 Chicago, IL 60631 1-847-375-6870 1-855-288-9295

E-mail: <u>info@aahid.org</u> Web site: <u>www.aahid.org</u>

TESTING AGENCY

Castle Worldwide is the professional testing agency contracted by AAHID to assist in the development, processing, scoring and analyses of the CHID examination. All correspondence and questions related to examination scheduling forms, test development, administration, scoring and reporting should be directed to:

Castle Worldwide, AAHID Coordinator 6001 Hospitality Ct. Suite 100, Morrisville, NC 27560-0570

Tel: 919-572-6880 Fax: 919-361-2426

E-mail: testing@castleworldwide.com Web site: www.castleworldwide.com

Castle Worldwide staff is available by telephone Monday through Friday between 8:30 am and 5:30 pm, Eastern Time.

STATEMENT OF NONDISCRIMINATION

AAHID and Castle Worldwide do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability, sexual orientation, or marital status.

APPLICATION/PORTFOLIO AND EXAM FEES

The cost to apply for the examination and submit your portfolio for review is \$400 payable to AAHID. The \$400 fee includes a \$100 non-refundable application fee and a \$300 examination fee. If you are not approved to sit for the examination, your \$300 examination fee will be refunded to you.

APPROVAL TO TAKE THE EXAMINATION

Once your application, portfolio, and payment have been submitted and approved by the AAHID Portfolio Review Committee, written notice of eligibility to sit for the examination will be sent. If not approved, you will receive written notice from AAHID outlining the deficiencies. Allow approximately 2 weeks for the AAHID Portfolio Review Committee to review your application and portfolio. You will have one (1) year which includes two (2) consecutive exam windows in which to take and successfully pass the exam. Upon request, the option to extend your eligibility to a third exam window is available with a \$50 transfer fee paid to AAHID.



RETAKE POLICY

If you do not successfully pass the exam, you will be given an additional year, which includes two (2) consecutive exam windows to retake the exam. Upon request, the option to extend your eligibility to a third window is available with a \$50 transfer fee paid to AAHID.

ELIGIBILITY EXPIRATION POLICY

If you do not take the exam within this time period, you will be required to re-apply to take the exam. All fees will apply. Depending on the timeframe from when you were approved to sit for the exam and when you re-apply, special accommodations may be requested in regards to your portfolio submission. Refer to the Application/Portfolio and Examination Fees section of the Candidate Handbook.

REGISTER FOR THE EXAMINATION

In addition to written notice of eligibility from the AAHID Portfolio Review Committee, you will receive a registration form to complete and return to AAHID, providing the exam window of your choice.

TEST ADMINSTRATION

Once a candidate has submitted their registration form with payment to sit for the exam, the candidate will receive instructions from Castle Worldwide via the email address testing@castleworldwide.com to schedule your exam date and location. All candidates are responsible for scheduling their own exam and following up with Castle if instructions are not received.

Scheduling

- 1. AAHID candidates will schedule test sessions at Castle's proctored Internet-based test sites during two (2), 30-day testing windows per year in April and October.
- 2. Eligible candidates will receive a notice to schedule via electronic mail from Castle. The notice to schedule will provide candidates with a unique username/password and the URL address to access Castle's online test scheduling system. Through the online scheduling system, candidates will select a testing session at one of Castle's domestic testing sites (U.S. and Canada). Testing sessions are based on seating availability within Castle's network of test sites. Candidates will select from a listing of available testing centers by geographical location and test date. Candidates must submit test scheduling requests at least seven (7) business days prior to their preferred test dates.
- 2. Please note: candidates who require reasonable testing accommodations under the Americans with Disabilities Act must submit test scheduling requests at least 30 days prior to their preferred test date (See page 3, Reasonable Accommodations)
- 3. Castle will provide telephone and e-mail support during test scheduling. Castle staff will be available on weekdays throughout the year from 8:30 AM to 5:30 PM Eastern Time, excluding holidays. Voice mail will accept inquiries outside of these business hours.

Confirmation Notices

- 1. Once a candidate has selected an available test session, Castle will e-mail a confirmation notice. The candidate must print the confirmation notice to present at the test site on the scheduled test date.
- 2. The confirmation notice will provide the following information:
 - a. The date, time, and location of the testing appointment.
 - b. A list of items that candidates should and should not bring to the testing center.



- c. Information regarding an online tutorial, so that candidates may familiarize themselves with Castle's Internet-based test delivery system prior to the scheduled test date. Candidates may access the online demonstration free of charge through Castle's website.
- d. A link to Google Maps with the directions to the test site. Please note that the map is informational only and Castle assumes no responsibility for any discrepancies experienced using Google Maps.

Testing Session Rescheduling, No-shows, and Cancellations

- 1. Candidates may cancel or reschedule a testing session <u>up to four (4) business days in advance of the testing appointment.</u>
- 2. Candidates must submit the request through Castle's online scheduling system to cancel or reschedule the session. In the event that candidates do not have Internet access, candidates may contact Castle by telephone for instructions regarding an alternate method of cancelling or rescheduling; however, candidates must allow for sufficient time in order for Castle to receive payment and written confirmation of the cancellation/rescheduling request at least four (4) business days in advance of the testing appointment.
- 3. Provided the cancellation or rescheduling request is made four (4) or more business days in advance of the testing appointment, Castle will charge a \$50 cancellation or rescheduling fee by secure e-commerce at the time of the request to the candidate.
- 4. If the cancellation or rescheduling request is made fewer than four (4) business days in advance of the testing appointment, the candidate will be considered a no-show and will forfeit the testing fee.
- 5. If the candidate does not appear for the testing appointment and has not contacted Castle to cancel or to reschedule, the candidate will be considered a no-show and will forfeit the testing fee.

REASONABLE ACCOMMODATIONS

The American Academy of Healthcare Interior Designers and Castle, in adherence to the Americans with Disabilities Act (ADA, 2010), provide reasonable and appropriate accommodations for disabled individuals who supply appropriate documentation. Reasonable accommodations provide disabled candidates with a fair and equal opportunity to demonstrate their knowledge and skill in the essential functions being measured by the examination. Reasonable accommodations are decided upon based on the individual's specific request, disability, documentation submitted, and the appropriateness of the request. The most frequent requests involve providing the candidate with extended time, a reader, a writer, and/or a separate room. Reasonable accommodations do not include steps that fundamentally alter the purpose or nature of the examination.

Qualified Individual with a Disability

A disabled candidate is one who has a physical or mental impairment that substantially limits that person in one or more major life activities (*e.g.*, walking, talking, hearing, performing manual tasks); has a record of such physical or mental impairment, or is regarded as having such a physical or mental impairment.

A "qualified individual with a disability" is one who has a disability and satisfies the requisite skill, experience, education and other requirements of the service, program, or activity of which he or she is being measured; and, with or without accommodations, can perform the essential functions



of the service, program, or activity. An essential function is one that individuals are required to perform, and removing that function would fundamentally change the service, program, or activity. A person must be a "qualified individual with a disability" to be protected under the ADA.

Proper Documentation

Candidates with disabilities must submit documentation with their application at the time of applying provided by an appropriate licensed professional or certified specialist who diagnosed the disability and is recommending reasonable accommodations. The documentation must be on the professional's letterhead. It must provide a diagnosis of the disability and the tests used to determine the disability. The candidate may also provide evidence of receiving reasonable accommodations during school on the school's letterhead. This may include an individualized education plan (IEP). The confidentiality of all documentation submitted by the disabled candidate is protected.

Requests for Reasonable Accommodations

Candidates approved for reasonable accommodations are notified prior to the examination with instructions regarding their accommodations. If a candidate is not approved for reasonable accommodations, he/she is notified immediately. The candidate may make an appeal by providing additional documentation, or sit for the examination under standard conditions.

DATES & DEADLINES

See website for specific dates, www.AAHID.org

On the registration form, there will be a list of test site locations for you to select your test site.

APRIL, 2017

- January 16, 2017 Spring Application and Portfolio Submission Deadline
- February 20, 2017 Spring Exam Registration Deadline
- April 1-30, 2017 Spring Examination Window

OCTOBER, 2017

- July 17, 2017 Fall Application and Portfolio Submission Deadline
- August 14, 2017 Fall Exam Registration Deadline
- October 1-31, 2017 Fall Examination Window

Deadline dates are based on receipt of material and not by postmark date. This also applies if an ADA accommodation is requested.



TEST DAY

Administration

- 1. Candidates must provide current and valid government-issued photo identification and the electronic confirmation notice from Castle in order to be admitted to the testing center. Candidates will not be admitted without proper identification.
 - a. The candidate's first and last name on the confirmation notice must match the first and last name on the identification exactly.
 - b. If candidates have more than one last name listed on the government-issued photo ID, the same last names must be reflected on the confirmation email.
 - c. If candidates have a hyphenated last name, it must be hyphenated on both the identification and on the confirmation notice in order to be admitted. Presenting name change documentation (marriage license, etc) at the testing center is not acceptable. Name change documentation may be submitted to Castle at least one week prior to the testing appointment if needed.
- 2. Should a candidate have any questions or experience any problems at the test site, he/she must notify the proctor immediately so that he/she can contact Castle for instructions and/or assist the candidate.
- 3. The examination will be timed (three hours), with a timer displayed on the computer screen.
- 4. Smoking is not permitted at the examination site.
- 5. Food and beverages are not allowed in the examination area.
- 6. All personal items including books, notebooks, other papers, all electronic equipment (i.e. cell phones, cameras, etc.), book bags, coats, etc. will not be allowed in the exam room and must be left outside of the exam room at the candidate's own risk.
- 7. Friends and relatives, including children, will not be allowed in the examination building.
- 8. Candidates should bring earplugs if they are sensitive to ambient noise. If candidates choose to bring earplugs, they will be subject to examination by the testing center staff. Headphones are not permitted.
- 9. Computer-based testing facilities offer exam services to multiple agencies. There may be other individuals in the testing room with candidates who are sitting for exams from different organizations. The rules for their exam may be slightly different than the rules for the CHID exam in terms of exam time, and what is and/or is not allowed at their station.
- 10. Computer-based tests are delivered via secure internet connections. Internet connections are subject to the local internet providers in the area. While it is not the norm, internet connections can, on occasion, be lost momentarily, requiring the proctor to log candidates back into the examination. If this occurs, candidates should inform the proctor that the connection has been lost and they will assist candidates in logging back in to the exam. The exam time remaining will be exactly the same as it was when the internet connection was lost.
- 11. Prohibited Items: Candidates are expressly prohibited from bringing the following items to the test site:
 - a. cameras, cell phones, optical readers, or other electronic devices that include the ability to photograph, photocopy or otherwise copy test materials
 - b. notes, books, dictionaries or language dictionaries
 - c. book bags or luggage, purses or handbags
 - d. iPods, mp3 players, headphones, or pagers
 - e. calculators (except as expressly permitted by the test sponsor), computers, PDAs, or other electronic devices with one or more memories
 - f. personal writing utensils (i.e., pencils, pens, and highlighters)
 - g. watches



- h. food and beverage
- i. hats, hoods, or other headgear
- j. coats and jackets

If the proctor determines that a candidate has brought any such items to the test site, they may be demanded and held by Castle testing staff. Castle reserves the right to review the memory of any electronic device to determine whether any test materials have been photographed or otherwise copied. If the review determines that any test materials are in the memory of any such device, Castle reserves the right to delete such materials and/or retain them for subsequent disciplinary action. Upon completion of the review and any applicable deletions, Castle will return the device to the candidate, but will not be responsible for the deletion of any materials that may result from our review, whether or not such materials are test materials. By bringing any such device into the test site in contravention of our policies, the candidate expressly waives any confidentiality or other similar rights with respect to the device, our review of the memory of the device and/or the deletion of any materials. Castle, the examination site, and the test administration staff are not liable for lost or damaged items brought to the examination site.

Emergencies

Exceptions to the cancellation/reschedule policy may be made in the event of a substantiated medical emergency, death in the family, inclement weather or acts of God. Please contact Castle directly at (919) 572-6880 for assistance.

Environmental Distractions

Examination room temperature can be unpredictable; therefore, we suggest that candidates bring appropriate clothing (e.g. sweater) to help adapt to a cooler or warmer climate in the examination room. Candidates should bring ear plugs if they are sensitive to noise. If candidates choose to bring earplugs, they will be subject to examination by the testing center.



EXAMINATION PREPARATION

Examination Content Outline

The multiple-choice certification examination consists of 150 questions from the following content areas with an approximation of the percentage and number of questions per content area.

| Knowledge Area | % of Test | # of Questions |
|---------------------------------------|-----------|----------------|
| 1. Planning and Pre-design | 50% | 74 |
| 1.1 Acute | 20% | 30 |
| 1.2 Ambulatory Care | 15% | 22 |
| 1.3 Residential Healthcare Facilities | 15% | 22 |
| 2. Design | 50% | 76 |
| 2.1 Acute | 20% | 30 |
| 2.2 Ambulatory Care | 15% | 23 |
| 2.3 Residential Healthcare Facilities | 15% | 23 |

For a detailed blueprint of the knowledge areas as delineated by a job analysis study of the profession please visit the AAHID website at www.AAHID.org.



AFTER THE EXAMINATION

Scoring and Reporting

Scores will not be issued at the testing center. Candidates will receive a simple completion message and notification that scores will be sent 60 days after the close of the testing window from Castle.

Scores Cancelled by AAHID

Any irregularities as noted under Test Day in this document or contained within the candidate authorization, consent forms and the candidate confidentiality agreement in the application will be reported to AAHID. Any statistical discrepancies during the item analysis and item performance which lead to a discovery of candidate irregularities will be reported to AAHID. AAHID will be the final authority on the cancellation of any score results and further disciplinary action.

If You Pass the Examination

You will receive a score report from Castle on behalf of AAHID with a "PASS" notice. Numeric scores are not provided. You will receive an official welcome and certificate from AAHID approximately 4 weeks after receiving your score report.

If You Don't Pass the Examination

You will receive a score report from Castle on behalf of AAHID with a "FAIL" notice. A numeric score will be provided. A diagnostic strength and weakness report based on the content outline will be included within the score report. Your score report will outline the next steps for retesting. You will have one (1) year, which contains two (2) consecutive exam windows, in which to take and successfully pass the exam. If you fail to take the exam within this time period, you will be required to re-apply to take the exam or request a special circumstance extension of time. A special circumstance extension will be reviewed on an individual basis by the board.

Confidentiality

Results will not be provided over the telephone. Score results are only released to AAHID and to the candidate. Any other request for the release of results would necessitate the signing of a supplemental Candidate Release Form.

Duplicate Score Reports and Verification

If you have not received your score report after seven working days of the release date, you may contact AAHID in writing to request a score report. You may also request that an outside party be sent verification your certification.

Duplicate score reports or verification will be sent to the address on file free of charge until 30 days after the release date. Candidates making requests after that date or to a new address will be charged \$25.00 for each duplicate score report request.

Name or Address Change

Any name or address change within five (5) days of your exam date must be reported in writing to Castle Worldwide. Be sure to include your name, as it appears on your registration form, and signature along with the information to be changed. For a name change, you must submit a photocopy of a legal document verifying the name change (i.e. marriage certificate, divorce decree or legal document indicating a name change).

You should notify Castle Worldwide no later than 5 days after your test date to prevent any delay in the score reporting process. All changes will be forwarded to AAHID.



Candidate Appeal Process

You will have the opportunity to complete a Candidate Comment Form at the test site. Please contact AAHID in writing if you wish to make an additional comment concerning the test administration process or a particular test question. You should provide your name, address, and the test date with your particular comment. Your letter will be researched and acted upon accordingly.

Continuing Education/Recertification

To maintain active Board Certified Healthcare Interior Designer status, certificants must maintain Continuing Education (CE) requirements. Each recertification cycle is 2 years in length, beginning January 1 of the year following the completion of the certification examination or prior recertification cycle. The cycle ends on December 31 of the second year. During each 2-year cycle, 10 CE hours are required.

For example, if you passed the AAHID examination in April 2017, you will be expected to renew by December 31, 2019.

You must keep third party documented completion of all CEUs earned which may be requested during our annual random audits.

There will be a \$300 fee associated with recertification and is due at the end of the calendar year in which you are due to recertify. The fee payment schedule is aligned with your 2 year CE requirement cycle and therefore will be paid in alternate years.

For more information, visit the AAHID website.



REFERENCES

Although the list of books and articles may include more than one reference that covers a content area, one such reference may be enough. You may also have resources available that are not on the list but will adequately cover the content area. Some test questions can also pertain to more than one content area.

- Americans with Disabilities Act Handbook, Standards for Accessible Design, 2010 Edition, Federal Access Board
- Building Type Basics for Healthcare Facilities, Stephen A. Klimet, Series Founder and Editor. (2000)
- Design Innovations for Aging and Alzheimer's: Creating Caring Environments, Elizabeth C. Brawley. (2006)
- Color in Healthcare Environments, Coalition of Health Environments Research. (2004)
- *Design Details for Health*, Cynthia Leibrock & Debra Harris, PhD. (2011)
- Guidelines For Design and Construction of Health Care Facilities, 2010 Edition, Facility Guidelines Institute
- Guidelines For Design and Construction of Hospital and Outpatient Facilities, 2014 Edition, Facility Guidelines Institute
- Guidelines For Design and Construction of Residential Health, Care and Support Facilities, 2014 Edition, Facilities Guidelines Institute
- Health Insurance Privacy and Accountability Act of 1996 (HIPAA) Privacy and Security Rules, US Department of Health & Human Services. (1996)
- *Medical and Dental Space Planning*, 4th edition, Jain Malkin. (2014)
- NFPA Life Safety 101, National Fire Protection Association. (2015)
- The Putting Patients First Field Guide: Global Lessons in Designing and Implementing Patient-Centered Care, Planetree Foundation. (2013)
- Senior Living Sustainability Guide®, Jane Rohde & Volunteer Committee. (2011)
- The Role of the Physical Environment in the Hospital of the 21st Century, Roger Ulrich and Craig Zimring. (2004)



ACRONYM/GLOSSARY

Familiarize yourself with the list below. This list will also be included in the beginning of the examination test book.

ACA: Affordable Care Act

ADA: American with Disabilities Act

ADAAG: Americans with Disabilities Act Accessibility Guidelines

ADL: Activities of Daily Living **ALF**: Assisted Living Facility

ANSI: American National Standards Institute **ASTM**: American Society for Testing of Materials

CAL TB: California Technical Bulletin

CCRC: Continuing Care Retirement Community

CFL: Compact Fluorescent Light

CMS: Centers for Medicare & Medicaid Services

CRI: Color Rendering Index

FF&E: Furniture, Fixtures and Equipment

FGI: Guidelines for Design and Construction of Health Care Facilities

HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems

HEPA: High Efficiency Particulate Air

HIPAA: Health Insurance Portability and Accountability Act

HVAC: Heating, Ventilating and Air-Conditioning

IBC: International Building Code

ICRA: Infection Control Risk Assessment

ICU: Intensive Care Unit

IEQ: Indoor Environmental Quality **IES**: Illuminating Engineering Society

JCAHO: Joint Commission on Accreditation of Healthcare Organizations

LEED: Leadership in Energy and Environmental Design

LDR: Labor-Delivery-Recovery

LDRP: Labor-Delivery-Recovery-Postpartum

MOB: Medical Office Building
MRI: Magnetic Resonance Imaging
NICU: Neonatal Intensive Care Unit

NIOSH: The National Institute for Occupational Safety and Health

NFPA: National Fire Protection Agency **NSF**: National Sanitation Foundation

OSHA: Occupational Safety and Health Administration

PACS: Picture Archiving Communication System

SNF: Skilled Nursing Facility



SAMPLE QUESTIONS AND ANSWER KEY

Ten sample questions are provided below which represent a cross-section of the content areas and general topics. It is recommended that you take the test and then review your answers on the chart available following this test which also provides the current reference.

- 1. Current research indicates the **best** reason for having a single occupancy in an Acute Care Patient Room is
 - (A) patient comfort and privacy.
 - (B) less transfers of the patient.
 - (C) reduce higher risk of infection.
 - (D) higher occupancy rates.
- 2. During a Hospital stay, evidence has found design elements such as access to nature, family accommodations, personal selected music, physical comfort, can have what effect on patients?
 - (A) Neuropathy
 - (B) Reduced Stress
 - (C) Unusual sleep patterns
 - (D) Stimulation and motivation
- 3. During night time hours, the appropriate noise level in an Acute Care Hospital Patient Room should **NOT** exceed which one of the following decibels?
 - (A) 40
 - (B) 60
 - (C) 50
 - (D) 70
- 4. In a healthcare setting, wall sconce lighting located in halls, corridors, passageways or other circulation spaces must **NOT** project more than 4" from the wall if mounted between which of the following heights?
 - (A) 24'' 66''
 - (B) 27" 72"
 - (C) 24'' 78''
 - (D) 27" 80"
- 5. What is a defined healthcare encounter of less than 24 hours in duration that requires direct professional healthcare support within a specific facility?
 - (A) Ambulatory care
 - (B) Environment of care
 - (C) Patient-centered care
 - (D) Protective environment
- 6. You need to specify interior floor finishes in a Kidney Dialysis Clinic. In the Water-Treatment Room, you should select
 - (A) water-resistant continuous sheet vinyl with flash cove base.
 - (B) water-resistant continuous sheet vinyl with 4" rubber base.
 - (C) waterproof poured epoxy floor with 6" integral base.
 - (D) waterproof poured epoxy floor with 6" rubber base.



- 7. Under the AIA guidelines, the **MAXIMUM** number of residents allowed in an existing multiresident Long Term Care Room is
 - (A) 1.
 - (B) 2.
 - (C) 3.
 - (D) 4.
- 8. HIPAA affects healthcare interior design in a Physician's Office. Which one of the following does **NOT** apply?
 - (A) Audible privacy of information transmitted
 - (B) Medical information transmission to other offices
 - (C) Spatial allowance for transmitted information
 - (D) Visual privacy of information transmitted
- 9. The Hospital Food Service Court has multiple countertop heights with various reach requirements. If a tray slide is required, which height is required by ADA?
 - (A) 30"
 - (B) 32"
 - (C) 34"
 - (D) 36"
- 10. Based on the concept that personal choice and social interaction relieve stress, which food service design model promotes the healing environment principles?
 - (A) Vending service
 - (B) Cafeteria service
 - (C) Food court service
 - (D) Demand food service



Answer Key

| Question | Key | Reference |
|----------|-----|------------------------------------------------------------------|
| 1 | С | The Role of the Physical Environment in the Hospital of the 21st |
| | | Century |
| 2 | В | The Role of the Physical Environment in the Hospital of the 21st |
| | | Century |
| 3 | Α | The Role of the Physical Environment in the Hospital of the 21st |
| | | Century |
| 4 | D | Americans with Disabilities Act, Standards for Accessible Design |
| 5 | Α | Guidelines For Design and Construction of Health Care Facilities |
| 6 | С | Building Type Basics for Healthcare Facilities |
| 7 | D | Guidelines For Design and Construction of Health Care Facilities |
| 8 | С | HIPAA |
| 9 | С | Americans with Disabilities Act, Standards for Accessible Design |
| 10 | С | Building Type Basics for Healthcare Facilities |



AAHID PORTFOLIO/APPLICATION

INSTRUCTIONS FOR PORTFOLIO SUBMISSION

All portfolios with completed application and payment must be submitted electronically. Applicants are expected to satisfy ALL requirements identified on the eligibility requirements. The American Academy of Healthcare Interior Designers (AAHID) Portfolio Committee will review the application, letters of reference, and portfolio. If approved, an electronic letter stating that the candidate is eligible to register for the exam will be sent to the applicant.

ELIGIBILITY and REQUIREMENTS A candidate must meet the following criteria as well as provide the materials to be considered for approval: Application with candidate photo Proof of NCIDQ/NCARB Certification Minimum of 3 (10 without certification) years' experience in healthcare interior design. 3 dated Letters of Reference, from clients on their letterhead, from 3 of the projects submitted that contains specific language about the applicant's role in that project. Each reference must be dated within 1 year of the submission. Complete **Project Portfolio** with 3 to 5 projects built projects completed within the past 5-10 years that depict a variety of healthcare spaces within Acute Care, Ambulatory Care and/or Residential Healthcare Facilities. For larger projects you may submit distinct departments or areas as one distinct project, such as Emergency Department & Inpatient Medical/Surgical Unit or Health Care Center & Independent Living Commons. Each project should contain a **Project Portfolio Page** that includes (Refer to pages 18 and 19 of the Candidate Handbook for format and content): A brief statement that describes: (bulleted and concise) Project Name, Location, Completion date, and Overall Project Cost Client Reference(s) Project Description: (bulleted and concise) **Design Statement** Roles/Responsibilities Minimal plans and/or drawings to show scope of work A minimum of 3 photographs of the completed project. Professional photography is not required.

SUBMISSION INSTRUCTIONS

Please send ELECTRONIC portfolio ONLY to info@aahid.org. All portfolios should be submitted in one full document.

If mailing your portfolio on a flash drive, send to: AAHID c/o PORTFOLIO REVIEW 8735 W. Higgins Road, Suite 300 Chicago, IL 60631



AAHID EXAM APPLICATION AND PORTFOLIO SUBMISSION

I.

GENERAL INFORMATION Date of submission: Name: _____ Address: _____ Date of Birth: ______Gender: Male Female Home Phone _____ Work Phone _____ Cell Phone _____ Email address _____ II. **DEMOGRAPHICS** Areas of Expertise (Check all that apply): Medical Offices Rehabilitation Acute Care **Ambulatory Care** Wellness/Fitness Center Cancer Treatment Centers Education/Nursing & Medical Schools Senior Living/Long Term Care | Other Women & Children Health Facility III. AFFILIATIONS * Include photo copy of current member card Yes, Member Number:_____ IIDA Member: No Yes, Member Number:_____ **ASID Member:** No Other: PRACTICE (Current Employment) III. Name of firm: Office address: Telephone number: _____Fax number: _____ Contact Person: _____Position: _____ Email Address:_____ IV. **PRIMARY TYPE OF PRACTICE** Architectural / Interior Design Firm **Public Institution** Healthcare Organization Retired from active practice Other: V. **EDUCATION** Degree: _____ Date Conferred: _____ College/University: City/State:



| VI. QUALIFICATION | <u>IS</u> | | |
|---------------------------------------------------------------|-------------------------|-------------------------|---------------------------------|
| NCIDQ Certificate Certificate Number* * Photo copy of current | | Certificate Date | |
| NCARB Certificate Certificate Number * Photo copy of current | | Certificate Date | |
| License Do you hold a current of the United States of | - — | _ | one state or jurisdiction No |
| If yes: Date of registrat * Include photo copy of | | State Curren card | t expiration |
| List all additional regis | tration: | | |
| | | | |
| | | | |
| VII. <u>EXPERIENCE</u> | | | |
| Employment Experience | ce | | |
| (Please list experience c necessary.) | hronologically, beginni | ng with the most recent | . Attach additional sheets, if |
| Firm Name | Design Specialty | Position | Dates of Employment |
| | | | |
| | | | |
| | | | |
| | | | |
| | | 1 | |

 $^{*\} The\ AAHID\ Portfolio\ Review\ Committee\ "randomly\ verifies"\ all\ documents\ submitted\ by\ candidate$

$IX.\,\underline{PROJECT\,PORTFOLIO}$

All documents should be submitted in an

| Interior I | Designers |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| 8x11 format using the template provided. PROJECT POR | FFOLIO PAGE |
| Last name_project# Project Name: Project Location: Project Completion Date: Overall project cost: Client reference: Name: | IMAGE 1 |
| Roles/Responsibilities: | IMAGE 2 |
| | |
| | |



PROIECT PORTFOLIO PAGE

| | ATT OLIO TTIQL |
|---------------------------------------------------------------------------------------------------------------------------|----------------|
| Last name_project# Project Name: Project Location: Project Completion Date: Overall project cost: Client reference: Name: | IMAGE 1 |
| | |
| Roles/Responsibilities: | IMAGE 2 |
| | |
| IMAGE 3 | IMAGE 4 |

PROJECT PORTFOLIO PAGE

Last name_project#
Project Name:

| Trojectiva | mic. | | | |
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X. <u>PAYMENT</u>

The total amount do at this time is \$400.

There will be a \$100 non-refundable application fee and a \$300 examination fee. If you are ultimately not approved to sit for the examination, your \$300 examination fee will be refunded to you.

| you. |
|-----------------------------------------------------------------------------------------------------------------------------|
| Please check your method of payment. |
| MasterCard VISA Discover American Express Check (enclosed) |
| If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged. |
| Make check payable to AAHID. A charge of \$25 will apply to checks returned for insufficient funds. |
| I authorize AAHID to charge the above listed credit card amounts deemed by AAHID to be accurate and appropriate. |
| Credit Card Number:Exp. Date: |
| Signature: |
| Cardholder's Name (please print): |
| |



AAHID CANDIDATE AUTHORIZATION AND CONSENT FORM APPLICATION SUBMISSION

| I | (print your full name), certify that all information contained in my |
|-----------------------|-------------------------------------------------------------------------------|
| application for the A | american Academy of Healthcare Interior Designers is true and accurate to the |
| best of my knowled | ge. Further, I agree to promptly notify AAHID of any change in name, address, |
| telephone number, | email or other contact information. |

I hereby authorize the American Academy of Healthcare Interior Designers (AAHID), and its officers, regents, committee members, panel members, employees and agents ("the above designated parties") to review my application and determine my eligibility to take the CHID Examination. I agree to cooperate promptly and fully in any review of my application and examination by AAHID including submitting such documents and information deemed necessary to confirm the information in my application. I authorize the above designated parties to contact any state/provincial and federal authorities, employers and others to confirm the information contained in my application to take the CHID Examination.

I hereby waive all claims against AAHID arising out of my application and my participation in the CHID Examination, including (but not limited to) claims arising out of (i) any release of information to state/provincial and federal authorities, licensing boards, employers and others and (ii) any investigation and review of my application and examination by AAHID.

I agree to indemnify and hold harmless AAHID for any third-party claims arising out of any action taken pursuant to the policies and procedures of AAHID with regard to my application or the examination. In addition, I agree to indemnify AAHID for any third-party claims arising out of my professional practice and related activities.

I agree to indemnify and hold harmless AAHID for any action taken pursuant to the policies and procedures of AAHID with regard to this application and the CHID Examination, except claims based on gross negligence or lack of good faith by AAHID.

SHOULD MY APPLICATION BE ACCEPTED AND I AM ALLOWED TO TAKE THE AAHID EXAMINATION

I understand that AAHID reserves the right to refuse my admission to any CHID Examination if I do not have the proper identification (valid photo ID and letter of admission) or if administration of the exam has already begun. If I am refused admission for any of these reasons or fail to appear at the test site without canceling in advance, I will not receive a refund of the application or examination fees and there will be no credit for future examinations. I understand that the proctors at my assigned test site will maintain a secure and proper test administration at their discretion. I acknowledge that in this capacity, the proctors may relocate me before or during the CHID Examination. I will not communicate with other examinees in any way.

As a condition of being permitted to take the CHID Examination, I hereby agree that I understand that AAHID's responsibility is confined to compiling and administering an examination that test competency of practitioners in the field of healthcare interior design and that AAHID cannot provide individual assistance to examination candidates. In consequence, by my signature below I accept AAHID's determination of my examination score(s).

If for any reason AAHID is unable to provide me with the results of the examination, AAHID shall have no liability beyond authorizing me to retake the Examination, with the Examination fee waived, at the next regularly scheduled Examination date.



Any person who fails to accurately and completely disclose information and/or who willingly makes misleading, deceptive or false statements on any form may be subject to disciplinary actions and/or refusal of service and certification by AAHID.

I acknowledge that the CHID Examination and the content contained therein are the sole and exclusive property of AAHID and are registered as such within the U.S. and Canadian Copyright Offices. I hereby agree not to disclose any CHID Examination questions or their content and acknowledge that the disclosure of Examination questions or content is cheating as well as a violation of AAHID's copyright and the AAHID Confidentiality Agreement.

AAHID may impose any sanctions it deems appropriate for testing or confidentiality irregularities, and AAHID may pursue all legal remedies available to recover monetary damages caused by such conduct and to enjoin violations of its rights with respect to the CHID Examination.

I understand that I may only seek admission to take the CHID Examination for the purpose of seeking a CHID Certification in the field of Interior design and for no other purpose. Because of the confidential nature of the CHID Examination, I will not take any examination materials from the test site, reproduce the examination materials or transmit examination questions or answers in any form to any other person.

I understand that my eligibility for the CHID Examination is governed by a window of eligibility as described in the AAHID Candidate Handbook. I acknowledge that in the event I have first applied for a CHID Certification, I must pass all requirements of the CHID Examination by the given deadline or my application will be considered voided and I must repeat the process.

I understand that review of the adequacy of examination materials will be limited to computing accurate scoring; I waive all further claims of examination review. If circumstances cast doubt upon the validity of my CHID Examination, I agree to cooperate fully in the investigation. Subsequent to such investigation, if it is determined that my behavior was not authorized or is prohibited by AAHID in connection with any CHID Examination, I understand that my examination performance may be voided and such activity may be subject to legal action. In such a case where my examination performance is voided based upon my unauthorized or prohibited behavior, I agree that I will not receive a refund of the application examination fees, and there will be no credit for future examinations.

SHOULD I PASS THE CHID EXAMINATION

I agree that AAHID may release my name and the fact that I have been granted an CHID Certification to the media, industry partners, my peers and the public at large. I further agree that AAHID may release my name and contact information in a listing of AAHID Certified Healthcare Interior Designers.

SHOULD I BE GRANTED THE CHID CERTIFICATION

I understand that if I wish to maintain the active CHID Certification status, I must remain in compliance with all requirements for continuing education and necessary recertification payment. I further understand that AAHID may need to access my documentation of CE credits earned for the purposes of evaluating my recertification requirements and pledge that I will cooperate with AAHID to the fullest extent possible as it determines my status for recertification.

TRADEMARKS

The "AAHID" trademark and the stylized AAHID logo are the sole and exclusive property of AAHID and are subject to all applicable trademark and other rights of AAHID as owner under the United



States and Canadian intellectual property law and international conventions. I agree to abide by AAHID's instructions regarding the use of its intellectual property and to not use this intellectual property in any way without the express prior written consent of AAHID.

I agree to correct at my own expense any inaccurate or unauthorized use by me of AAHID's trademark and logo. I agree that if I refuse to make corrections then AAHID is entitled to obtain all relief permitted by law, including but not limited to injunctive relief to enforce its rights with respect to the protection of its name, trademark, logo and other intellectual property.

| Signature | Date |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Printed Name | |
| permitted the American Academy of He | gh AAHID, I hereby acknowledge that I have authorized and ealthcare Interior Designers, Inc. to provide the information I the AAHID website at www.aahid.org and release my name, ion as part of the AAHID mailing list. |
| Signature | Date |
| Printed Name | |



CHID EXAMINATION CONFIDENTIALITY POLICY AND AGREEMENT

This Examination Confidentiality Policy outlines the responsibility of the Examination Candidate during and after the course of his or her participation with AAHID and its Examination. Please take the time to read and understand this policy. The goal of this policy is to allow AAHID to provide valuable services to its Certificants and Clients by protecting its copyrighted material. Acknowledgement of this policy prior to Examination Registration indicates acceptance of this Examination Confidentiality Policy. This policy will remain in full force and effect indefinitely upon acceptance of the policy.

Examination Confidentiality

The examination is the sole and exclusive property of AAHID and may not be used in any way without the express written consent of AAHID. AAHID will protect the integrity of the Examination through rigorous copyright and confidentiality enforcement processes.

All candidates must agree to abide by this Examination Confidentiality Policy and the AAHID Statement of Responsibility as a condition for registering for the Examination.

AAHID reserves the right to impose any sanctions it believes appropriate for testing or confidentiality irregularities. Sanctions may include but are not limited to confiscation of unauthorized materials, legal notices, cancellation of admission to the exam, dismissal from the Examination center, cancellation of scores and/or suspension from future Examination administrations. AAHID may also seek to collect financial damages, including but not limited to attorney's fees, test reprinting and shipping costs and costs associated with the development of new test content.

Pending resolution of any testing or confidentiality irregularity, the AAHID Executive Director shall have the authority to place a hold on any exam application, admissions letter or score report until the Board of Regents has determined the appropriate course of action and whether the issuance of sanctions is warranted. Applicants or candidates shall be notified in writing if their application, admission letter or score report is on hold.

Board decisions on sanctions are final. Applicants or candidates shall be notified in writing of any Board decision regarding their Examination status. AAHID reserves the right to release information regarding an individual's noncompliance with AAHID policies or with the policies of other private voluntary credentialing organizations and the pendency or outcome of NCIDQ investigations into irregularities to state and federal authorities, licensing boards, employers and others. This includes, but is not limited to any relevant state boards or registration or professional associations by which an applicant or candidate seeks certification or other form of recognition by virtue of his/her participation in the AAHID Examination.

No refunds of any fees shall be granted as a result of any sanctions levied. The following are examples of testing or confidentiality irregularities subject to action by AAHID:

Unauthorized Access to Devices or Materials Outside the Testing Room
 Electronic devices and written materials may not be accessed at any time during the
 Examination, except for candidates testing under approved special accommodations
 conditions. Any personal items placed in lockers or other storage areas outside the testing
 room may be accessed by candidates only during a scheduled break if one is provided.
 Proctors will file a report identifying any candidate observed accessing unauthorized
 devices or materials during any unscheduled break.



The use of or reference to any device or any written materials during the Examination outside the testing room is strictly prohibited (other than as authorized for persons testing under approved special accommodations conditions) and will conclusively be presumed to be for purposes of assistance on the CHID Examination.

Unauthorized Devices of Materials in Testing Room

No electronic or other devices whatsoever (whether in the "on" or "off" position) and no written materials of any kind are permitted in the testing room, except for persons testing under approved special accommodations conditions. Prohibited devices include, but are not limited to, calculators with memory, cell phones, pagers, personal digital assistants, text messaging devices, audio or video recording devices, scanners, language translators and other devices. Prohibited written materials include but are not limited to any notes, books or written material whatsoever, whether or not related to the CHID Examination. Proctors will file a report identifying any candidate observed accessing unauthorized materials in the testing room.

The use of a reference to any device or any written materials in the testing room is strictly prohibited (other than as authorized for persons testing under approved special accommodations conditions) and will conclusively be presumed to be for purposes of assistance on the CHID Examination.

• Dissemination of CHID Examination Content

Disclosure through any means of the substance or details of any test questions or graphics and/or alleged answers is strictly prohibited. Disclosure includes but is not limited to, any attempt to use devices such as cameras, audio or scanning devices to record or transmit test content at or from the testing room; any attempt including Web site and forum/blog posting, to reproduce, paraphrase, summarize or describe any test content from memory after leaving the testing room whether by means of a recitation or description of the content or details of any test question, the depiction or description of vignettes or other graphic representations of test questions, the description or depiction of alleged answers to written or graphic questions, or other means. Improper disclosure includes both the initial disclosure by a test take and the further dissemination of CHID Examination content by others.

These prohibitions on disclosure also apply to forwarding, re-posting or other dissemination of CHID Examination content that others have disclosed.

• Removing/Reproducing Test Materials From the Exam

No one is permitted to make or keep copies, excerpts or notes of examination materials. Test documents and notes must remain in the examination room. Removing or reproducing any test material by any means is prohibited.

• Seeking Assistance During the Exam

Anyone giving or receiving assistance of any kind will have all test materials taken away and will be asked to leave the room and may be subject to other sanctions.

• Seeking AAHID Examination Content

A candidate or anyone else who will fully obtains or seeks to obtain CHID Examination content disclosed by others is also subject to sanctions.



• Other Prohibited Behaviors

AAHID prohibits certain behaviors including (but not limited to): copying test questions; copying answers; permitting another to copy answers; falsifying information required for admission to an examination; impersonating another examinee or certificant and taking te examination for any reason other than for the purpose of seeing Certification or as required by an employer as a condition for employment.

AGREEMENT

| By signing below, you are indicating your full acknowledgement and understanding of this poprior to CHID Examination Registration and indicates acceptance of this Examination Confidentiality Policy. This policy will remain in full force and effect indefinitely upon acceptathe policy. | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|
| Signature | Date | |
| Printed Name | | |



CHECK LIST: AAHID PORTFOLIO/APPLICATION

INSTRUCTIONS FOR PORTFOLIO SUBMISSION

All portfolios with completed application and payment must be submitted electronically. Applicants are expected to satisfy ALL requirements identified on the eligibility requirements. The American Academy of Healthcare Interior Designers (AAHID) Portfolio Committee will review the application, letters of reference, and portfolio. If approved, an electronic letter stating that the candidate is eligible to register for the exam will be sent to the applicant.

ELIGIBILITY and REQUIREMENTSA candidate must meet the following criteria as well as provide the materials to be considered for approval:

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| | Application with candidate photo | | | | |
| | Proof of NCIDQ/NCARB Certification | | | | |
| | Minimum of 3 (10 without certification) years' experience in healthcare interior design. | | | | |
| | 3 dated Letters of Reference, from clients on their letterhead, from 3 of the projects | | | | |
| | submitted that contains specific language about the applicant's role in that project. Each | | | | |
| | reference must be dated within 1 year of the submission. | | | | |
| | Complete Project Portfolio with 3 to 5 projects built projects completed within the past 5- | | | | |
| | 10 years that depict a variety of healthcare spaces within Acute Care, Ambulatory Care | | | | |
| | and/or Residential Healthcare Facilities. For larger projects you may submit distinct | | | | |
| | departments or areas as one distinct project, such as Emergency Department & Inpatient | | | | |
| | Medical/Surgical Unit or Health Care Center & Independent Living Commons. | | | | |
| | Each project should contain a Project Portfolio Page that includes (Refer to pages | | | | |
| | 18 and 19 of the Candidate Handbook for format and content): | | | | |
| | A b <u>rief</u> statement that describes: (bulleted and concise) | | | | |
| | Project Name, Location, Completion date, and Overall Project Cost | | | | |
| | Client Reference(s) | | | | |
| | Project Description: (bulleted and concise) | | | | |
| | Design Statement | | | | |
| | Roles/Responsibilities | | | | |
| | Minimal plans and/or drawings to show scope of work | | | | |
| | A minimum of 3 photographs of the completed project. <i>Professional</i> | | | | |
| | nhotography is not required. | | | | |

SUBMISSION INSTRUCTIONS

Please send ELECTRONIC portfolio ONLY to info@aahid.org. All portfolios should be submitted in one full document.

If mailing your portfolio on a flash drive, send to: AAHID c/o PORTFOLIO REVIEW 8735 W. Higgins Road, Suite 300 Chicago, IL 60631