



American Academy of Healthcare  
Interior Designers

## Recertification Handbook



*Photo by: Totaro, Jeffery. Baylor Medical Center at McKinney, TX. Designed by: Mommers, Dori.*

**The mission of the American Academy of Healthcare Interior Designers (AAHID) is the certification of interior designers qualified by education, examination, training and experience to provide interior design services to the healthcare industry.**

Following successful completion of the AAHID portfolio approval and examination, the certificant is required to maintain certification by fulfilling continuing education (CE) requirements, which are reviewed and established annually, administered in 2 year cycles, by the American Academy of Healthcare Interior Designers.

## **Continuing Education/Recertification Requirements**

To maintain active board Certified Healthcare Interior Designer (CHID) status, certificants must maintain Continuing Education (CE) requirements.

CHID's must keep documentation of all CEs earned which may be requested during annual random audits. The documentation must show third party verification of completion of specific CEs.

There will be a \$300 fee associated with recertification which is due with the application. CHID credentials will be revoked if you do not recertify by the end of the calendar year in which you are due to recertify.

In order to recertify, complete the Recertification Application in its entirety and submit electronically to [recertify@aaheed.org](mailto:recertify@aaheed.org).

## **Recertification Cycle**

Each recertification cycle is 2 years in length, beginning January 1 of the year following completion of the certification examination. The cycle ends December 31 of the second year. During each 2-year cycle, 10 CE hours are required.

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

## **Eligible CE**

The following organizations offer approved educational sessions for a board certified designer to maintain CE compliance for CHID recertification.

- Approved CEU Provider courses by:
  - IDCEC
  - State Regulatory Board
  - AIA
  - CIDA accredited college/university

The subject matter of each CE session to be focused on healthcare interior design topics relating to CHID area of expertise as well as other areas of healthcare interior design. The CE sessions undertaken should be from approved CEs and can be from a variety of resource formats, such as webinars or attendance at seminars and conferences.

## **Audit**

AAHID conducts an annual random audit of the CEs earned within a 2 year period. A board certified interior designer must be prepared to respond to an audit inquiry with documented completion of CEs.

## Application Refusal

Applications may be refused; or individuals already certified may be sanctioned, including revocation of the CHID designation, for the following reasons:

1. attesting to false information on the application or on recertification documents or during the random audit procedure
2. unauthorized possession or distribution of any official testing or examination materials
3. representing oneself falsely as a designated CHID.

## Credential Revocation

If you do not recertify by your expiration date, certification will be revoked for failure to comply with recertification requirements. Individuals whose credentials have been revoked may not use the CHID credential when representing themselves.

Failure to recertify will result in the expiration of your credential status. Should you fail to recertify your CHID, you will be required to re-apply, meet all appropriate criteria, and achieve a passing score on the certification exam.



*Photo by: Harral, Geof. University Medical Center, Lubbock, TX. Designed by: Mangum, Lacy; Forbes, Jana; Dubard, John.*

**CHID Recertification Application (Page 1 of 2)**

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

If you were certified under a different name, please print former name

\_\_\_\_\_

Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_

E-mail \_\_\_\_\_

Current Mailing Address (Street/Apt #) \_\_\_\_\_

City/State/ZIP/Country \_\_\_\_\_

Is this an address change?    Yes    No

Current Employer \_\_\_\_\_

**Attestation**

I hereby verify the truth of these entries (see attached form) on this recertification form. I affirm that I participated in the educational sessions and completed a minimum of 10 CE hours required.

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

**Payment Method**

If you are paying by credit card, payments may be made online at [aahid.org/certification/recertification/](http://aahid.org/certification/recertification/).

Email application to [recertify@aahid.org](mailto:recertify@aahid.org).

If you are paying by check, print your application and mail it to the AAHID office with payment included.

AAHID  
c/o CHID Recertification  
8735 W. Higgins Road, Suite 300  
Chicago, IL 60631  
Phone: 847.375.6870



**Continuing Education Report Form (Page 2 of 2)**

AAHID would like to know what CE you have earned throughout the recertification cycle. Please list below including:

- Provider
- Course Title
- Number of CEs

If it is more convenient for you, you may submit a print out of your IDCEC record to [recertify@aaheed.org](mailto:recertify@aaheed.org).

*Note that this is not an audit. Audits will be selected and notified separately.*

**NAME:**

**AAHID Reporting Period: 1/1/15-12/31/16**

**CHID CERT NO:**

**DATE:**

**NCIDQ CERT NO:**

Line #	Date(s) of Activities	Sponsoring Organization	Activity	Hours	Verified By
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					