



American Academy of Healthcare
Interior Designers

CHID EXAM APPLICATION

GENERAL INFORMATION

Name: _____

Address: _____

Gender: Male Female

Cell _____ Work Phone: _____

Phone: _____

Personal Email: _____

DEMOGRAPHICS

Areas of Expertise (Check all that apply):

- | | |
|-------------------------------------|----------------------------------|
| Acute Care | Medical Offices |
| Ambulatory Care | Rehabilitation |
| Cancer Treatment Centers | Senior Living/Long Term Care |
| Education/Nursing & Medical Schools | Women & Children Health Facility |

YEARS OF EXPERIENCE IN HEALTHCARE INTERIOR DESIGN OR HEALTHCARE ARCHITECTURE

Two pathways are offered as requirements to take the exam. Please select one:

A minimum of three (3) years of experience in healthcare interior design/healthcare architecture and NCIDQ or NCARB certification.

A minimum of ten (10) years of experience in healthcare interior design/healthcare architecture. NCIDQ or NCARB certification are not necessary.

CURRENT EMPLOYMENT

Company: _____

Title: _____

Address: _____

Email: _____

HR Contact Name: _____ Email: _____

Direct Supervisor Name: _____ Email: _____

CEO Name: _____ Email: _____

CHID EXAM APPLICATION

PRIMARY TYPE OF PRACTICE

Architectural/Interior Design Firm

Healthcare Organization

Public Institution

Other (Please list): _____

HOW DID YOU HEAR ABOUT AAHID?

AAHID Website

Design Connections

AAHID Candidate Forum

Current CHID: _____

Healthcare Design

AAHID Industry Partner: _____

Environments for Aging

Other: _____

EXAM ADMINISTRATION

September 1-30

The exam will be administered at the location of the examinee's choice (home or office) via an online, remote proctored exam in a specified 3-hour window on a date between September 1-30 that has been arranged through the testing company.

CHID ENDORSEMENT

Before submitting this application to AAHID, I attest that _____, a current CHID Certified Healthcare Interior Designer®, has reviewed the above information and has endorsed submission of this application. (If you do not know a current CHID, please contact info@aahid.org to request an endorsement.)

Name of CHID: _____

Date: _____

I have read and understand the AAHID Certification Candidate Handbook and will submit with this application the following items to info@aahid.org to be considered for the exam:

1. Photo (jpg file, maximum width: 1024 pixels, maximum file size: 1MB)
2. Proof of NCIDQ or NCARB certification
3. Resume
4. Payment

Applicant Signature: _____
Type your first and last name above as your electronic signature.

Date: _____