

# HFMA CHFP APPLICATION

(Fees subject to change)

## 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)

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## 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 *\$75.00 processing fee*

\_\_\_ Check enclosed payable to HFMA for \$75.00 \_\_\_\_\_ 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