

Center for Healthcare Environmental Management™ HEM Recertification Form

Directions: Use this form to document any/all events to complete the requirements for recertification as a certified Healthcare Environmental Manager (HEM), by ECRI Institute's Center for Healthcare Environmental Management (CHEM™). All certification and contact information fields must be completed.

Please complete this form according to the requirements listed in the [HEM Certification Program Recertification Requirements](#) document.

Enter the date(s) of each respective event that you are submitting, the event type, a brief description of the event, and the number of Certificate Maintenance Points (CMPs) that you are claiming. The total number of CMPs must equal or exceed eighteen (18) points over your three (3) year certification period.

All contact information, certification information, and payment fields, except those fields for credit card number and expiration date must be completed and entered into this form electronically and the entire form emailed to ECRI Institute's Education Department at education@ecri.org or Faxed to (610) 834-0240, regardless of the payment method.

All copies of paperwork including the completed CMP form and supporting paperwork, regardless of payment method, must then be forwarded to ECRI Institute, 5200 Butler Pike, Plymouth Meeting, PA 19462, Attention: Education Department. Please address all questions to ECRI Institute's Education Department at education@ecri.org or (610)-825-6000, extension 5889.

Certification Information

Name:

First: _____ Middle: _____ Last: _____

Period Covered: _____ to _____ Certificate Number: _____
(MM/DD/YY) (MM/DD/YY)

Updated Contact Information

Check here if information below represents a change of work and/or home contact information

Work Address:

Work Phone _____ Work Fax _____

Work E-mail _____ Repeat Work E-mail _____

Check here if you want your work information to be your primary contact information.

Home Address:

Home Phone _____ Home Fax _____

Home E-mail _____ Repeat Home E-mail _____

Check here if you want your home information to be your primary contact information.

