



Certified Health Care Recruiter (CHCR) Application for Re-Certification

Name: _____

Organization: _____

Address _____

City/State/Zip: _____

Phone _____ Fax: _____

Email: _____

Date of initial exam: _____

Payment

Check # _____

Visa Mastercard American Express

Credit Card #: _____

Expiration Date: _____ Security Number: _____

Signature: _____

Requirements for Re-certification

1. Candidate will have completed 15 hours of continuing education* during the two year period since the date of the initial examination (copies of certificates attached); or
2. Candidate may also retake the credentialing exam instead of submitting continuing education. The fee to retake the credentialing exam for CHCRs renewing their certification is \$100. This fee is in addition to the \$100 re-certification fee.
3. Candidate will include payment of \$100 to NAHCR for re-certification fee. NAHCR accepts check, Visa, MasterCard and American Express.
4. Application must be received at least 60 days prior to the expiration of the certification.
1 credit hour = 50 minutes of education
Topics approved for re-certification include programs in nursing or allied health recruitment; leadership or topics related to human resources administration and/or health care

Documents from educational sessions should be attached to this form to verify completion of 15 hours of continuing education. Please include certificates of completion or any other documentation from educational provider.

Please list course (s) completed

Name of Course	Date Attended	Hours Completed

I hereby certify that the above information is true and accurate and is subject to verification by the National Association for Health Care Recruitment at any time.

Print Name: _____

Signature: _____ Date: _____

Please return form to:

NACHR
2501 Aerial Center Parkway Ste. 103
Morrisville, NC 27560

Fax to: 919.459.2075

Email to: tracy@imiae.com

Questions, please call:
919.459.2167