



IAHSS **FOUNDATION**

***Dedicated to Research and Education
in Healthcare Security and Safety***



ACCREDITATION

IAHSS Foundation CHPA Scholarship Application

The IAHSS Foundation is dedicated to supporting the professional development of current healthcare security professionals. This scholarship offers financial support to IAHSS members who are in leadership roles and qualify to take the Certified Healthcare Security Protection Administrator (CHPA) exam.

The Foundation will accept and review CHPA application requests from September 1 – December 1 each year and will announce the successful recipients in early January. They must apply to take the CHPA exam by June 1st of that year.

Please read the below guidelines before submitting your application:

1. Scholarships are only available to IAHSS members in good standing.
2. All applicants must submit a complete application and letter of recommendation.
3. First priority will be given to first time applicants.
4. All decisions regarding an applicant's approval or denial of a scholarship are made at the discretion of the IAHSS Foundation Scholarship Committee and the Foundation Board.
5. \$500 scholarships will be awarded to approved applicants and it will cover the CHPA application fee and some minor study expenses.
6. Approved applicants must apply (if they have not already done so) to take the CHPA exam by June 1st of the year they are awarded a CHPA scholarship.
7. Approved scholarship recipients must provide proof they successfully passed the CHPA exam and then they will receive the \$500 reimbursement toward their expenses. Similar to a tuition reimbursement program.

Applicant criteria:

1. All applicants must be currently employed as a security professional at a healthcare organization and meet all the CHPA application requirements. You have a year to take the exam, once your CHPA application is approved. Below is the CHPA application link:

8420 W. Bryn Mawr Ave, Suite 1020
Chicago, IL 60131 USA
Toll Free: 888-353-0990 Fax 630-529-4139
www.ihssf.org



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https://cdn.ymaws.com/www.iahss.org/resource/resmgr/docs/2020_02_19_chpa_application.pdf

2. CHPA scholarships are only considered for applicants demonstrating lack of financial support from their organization.
3. Documentation of current involvement in IAHSS activities, projects or volunteer leadership opportunities or a description of interest in involvement will be considered.
4. Send completed application and supporting documentation to Info@iahss.org.



CHPA SCHOLARSHIP APPLICATION

CONTACT INFORMATION

FULL NAME: _____ **DATE:** _____

First

Middle

Last

ADDRESS: _____

Street Address

Apt/Suite

City

State

Zip Code

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Chicago, IL 60131 USA
Toll Free: 888-353-0990 Fax 630-529-4139
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E-MAIL: _____ **PHONE:** _____

IAHSS membership number: _____

Title: _____ **Organization:** _____

How long have you been a member of IAHSS? _____

Have you held any IAHSS volunteer leadership roles? YES NO

***IF YES, describe the role and the associated dates:**

Required Application Documentation

All applicants must complete the below narrative, that includes the following:

1. Complete the below questions 1-4.
2. Include a copy of your resume or CV.
3. Include a letter of recommendation from your current employer.

1. Describe how this certification will benefit you and your organization.

2. Describe any IAHSS activities, projects or publications that you have been involved with or have completed.



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3. Describe how you intend to maintain your certification once it is achieved.

4. Describe your financial need for this scholarship.
