

# Certified Healthcare Leader (CHL) Eligibility Requirements

Revised April 2026



## OPTION A: STERILE PROCESSING EXPERIENCE VERIFICATION FORM

Please Note: *This verification form is only required if you are qualifying for the CHL examination through **Sterile Processing Experience**. If you are qualifying with Option B or C you do not need to submit this form.*

### Instructions

**This page must be completed in full by a Manager, Supervisor, or HR Representative who can verify the applicant's work experience. If the applicant completes any portion of this page, the application will be rejected.**

To qualify for CHL Certification, applicants may meet eligibility through one of several pathways. This form is used only when the applicant is qualifying through work experience within a Sterile Processing Department. As the verifier, you are asked to confirm that the applicant has completed at least 12 months of full-time employment (or 2080 hours part-time equivalent) in a **Sterile Processing Department**.

- If this form is not completed by an HR representative, the verifier must hold a position higher than the applicant at the time of their employment (e.g., Coordinator, Supervisor, Manager, Director, Chief).
- If the applicant's qualifying experience was obtained with multiple employers, a separate copy of this page must be completed by each Manager/Supervisor/HR Representative, clearly indicating the number of hours completed at each place of employment.
- Verifiers must provide work contact information. Personal contact information will not be accepted.

### Applicant Experience Information

To be completed by a Manager, Supervisor, or HR Representative who can attest to the information as listed below. **If the applicant completes any portion of this page, the application will be rejected.**

**Printed Name of Applicant:** \_\_\_\_\_

I am completing this form on behalf of the applicant listed above to verify that they have completed at least 12 months of full-time (or 2080 hours part-time equivalent) experience in a **Sterile Processing Department**.

### Dates of Experience:

From (month/year) \_\_\_\_\_ / \_\_\_\_\_ to (month/year) \_\_\_\_\_ / \_\_\_\_\_ or Present (Circle)

Is the Applicant a Current Employee:  yes  no

Name of Employer Where Experience Was Obtained: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State/Province, Zip/Postal Code: \_\_\_\_\_

Your Printed Name: \_\_\_\_\_

Your Current Position: \_\_\_\_\_

Work Phone (with extension): \_\_\_\_\_

Work Email\*: \_\_\_\_\_

\*Please note that personal email addresses are not permitted. You must provide a work email address (ex. Name@facility.com) to verify the applicant's experience.

I attest that the applicant listed above has completed the appropriate minimum experience required as indicated for the Certified Healthcare Leader (CHL) certification. I further understand that I may be called upon to verify this information in further detail.

**Signature (must be handwritten):** \_\_\_\_\_ **Date:** \_\_\_\_\_