

Certified Healthcare Leader (CHL) Eligibility Requirements

Revised April 2026



OPTION B: LEADERSHIP EXPERIENCE VERIFICATION FORM

Please Note: *This verification form is only required if you are qualifying for the CHL examination through **Leadership Experience**. The leadership role does not have to be from a Sterile Processing Department. This leadership experience may be from another job or industry, as long as the position(s) involved at least 3 of the 6 areas of leadership defined in the "Applicant Experience Information" section below. **If you are qualifying with Option A 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 in a **Leadership Role**. 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 leadership position.

- 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 **Leadership Role**.

Please verify that the applicant has documented experience in at least three (3) of the following areas (initial all that apply):

_____ Preceptorship / Training _____ Education _____ Delegation _____ Facilitation / Supervision
_____ Process Improvement _____ Quality Management / Assurance

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:** _____