Please complete, sign, and date the application form and return it with your application fee.

**Candidate Checklist**

*Please verify you have the information below before submitting the application.*

- [ ] Current demographic information
- [ ] Candidate attestation signature
- [ ] Payment (including late fee, if applicable)

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**Candidate Demographics**

*Enter your name EXACTLY as it appears on your current government-issued photo ID.*

Title (Mr., Miss, Mrs., etc.): _______  Last Name: ___________________________  First Name: _______________________

Middle Name: _______________  Suffix (II, Jr., etc.): _______  Maiden/Previous Last Name: _______________________

Date of Birth: ___/___/______  (mm/dd/yyyy)  Gender: Male □  Female □

Primary Email: ______________________________________

*Note: This email address will be used as your login username for the online registration system.*

Please choose a password for your account (at least 5 alphanumeric characters): ____________________________

*Note: Record this password as you will need it to log in to the EDAC registration system. Passwords are case-sensitive.*

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**Contact Information**

Street Address 1: ___________________________________________  Street Address 2: ___________________________

City: ____________________________  State: _______  Country: _______  Postal Code: __________

Telephone (Work): ___________________  (Home): ___________________  (Cell): ___________________
CHD Status

*Please select all that apply.*

- [ ] Corporate Affiliate
- [ ] Professional Affiliate
- [ ] Individual Affiliate
- [ ] Student
- [ ] Champion Firm
- [ ] Advocate Firm
- [ ] Educational Partner
- [ ] Pebble Partner
- [ ] Pebble Pioneer
- [ ] Staff
- [ ] Volunteer
- [ ] Board Member

Education

*Please provide education information for the highest level you have completed. Educational information is optional.*

Institution Name: ____________________________ City: ____________________________ State/Province: __________

Country: _______ Degree Title: ____________________________ Major/Concentration: ____________________________

Type of Degree (circle): AA AS BA BS MBA MA MS PhD MD JD

Date of Degree: [ ]/ [ ]/ [ ] [ ]/ [ ]/ [ ] [ ]/ [ ]/ [ ]

Current Employment Information

*Please select the best description of your occupation.*

- [ ] Architect
- [ ] Educator
- [ ] Researcher
- [ ] Product Manufacturer
- [ ] Interior Designer
- [ ] Student
- [ ] Healthcare Practitioner
- [ ] Consultant
- [ ] Construction Professional
- [ ] Healthcare Administrator/Manager
- [ ] Healthcare Facility Manager
- [ ] Other

Please provide current employment information.

Employer: ____________________________ Job Title: ____________________________

Street: ____________________________ City: ____________________________ State: _______

Start Date: _____/_______ (mm/yyyy)

Previous Employment Information

*Please provide previous employment information. Attach additional pages as needed.*

#1

Employer: ____________________________ Job Title: ____________________________

Street: ____________________________ City: ____________________________ State: _______

Start Date: _____/_______ End Date: _____/_______ (mm/yyyy)
Registry

I understand that the Center for Health Design (CHD) will maintain a registry of certified individuals that will be accessible to the general public via an EDAC-sponsored Web site. I agree to participate in such a registry using my name, city, and state as they appear in the identification information section of my application. I understand that I may modify or remove myself from the registry at any time.

☐ No, I do not wish to be included.

☐ Yes, I wish to be included. Please include my name, city, state, and occupation as they appear in the demographics section of this application. In addition, please include the following contact information. *(Select all that apply.)*

☐ Company/employer as it appears on this application  ☐ Email address as it appears on this application  ☐ Work telephone number as it appears on this application

Candidate Attestation

*Please read and sign the statement below.*

I hereby solemnly declare and affirm, under penalties of perjury that the facts and matters contained in the following foregoing application are true and correct.

☐ I agree with the above statement.

Applicant Signature:__________________________________________ Date:____________________________

Payment

If you have a discount code, enter it here: ________________________

*The CHD EDAC examination is $395. If you have entered a discount code above, please calculate the new total before filling out the payment information below.*

☐ I have **not** completed an online application. I authorize payment of the application fee ($395 minus discount, if applicable) plus a $50 late application/scheduling fee.

☐ I have **have** completed an online application; however, I did not complete online test scheduling before the deadline (4 days prior to the test date). I authorize payment of a $50 late scheduling fee.

________________________________________

*Please choose your payment method below:*

☐ Cashier’s check/money order payment enclosed: $___________

*(Payable in U.S. funds to Scantron)*

OR

☐ Credit Card Payment

*(Provide credit card information on the next page.)*
☐ MasterCard  ☐ Visa  ☐ American Express

Authorized Name on Card: ___________________________________________  Amount to be Paid: $_______________

Credit Card Account Number: ________________________________________  Expiration Date: (_____/_______)
(mm/yyyy)

Card ID Number: _________  Authorized Card Holder’s Signature: ________________________________

Candidate Name (if different from above): ______________________________________________________

Billing Address

Street Address 1: ________________________________  Street Address 2: ________________________________

City: ________________________________  State: _________  Postal Code: ________________________________

Telephone: ________________________________________________________________

Please submit all application materials to:
Scantron
Attention: CHD EDAC Exam
P.O. Box 570
Morrisville, NC 27560 USA