HQCC Healthcare Quality Certification Commission

Healthcare Quality Certification Commission

Application for Certified Professionals in Healthcare Quality (CPHQ)-Retired Status

The Healthcare Quality Certification Commission (HQCC) developed the CPHQ-Retired status to recognize CPHQs who have retired from their professional healthcare quality career but wish to maintain their credentials.
In order to be eligible for CPHQ-Retired status, candidates must:

1. Retire from the healthcare quality profession with no plans to return or to renew certification
2. Be a current CPHQ at the time of retirement

An individual who has been granted CPHQ-Retired status may use the designation CPHQ-Retired. The CPHQ-Retired designation may be used below the name but neither after a signature nor on a professional name badge. An individual who has been granted CPHQ-Retired status may not represent him or herself as a Certified Professional in Healthcare Quality (CPHQ). If a CPHQ-Retired re-enters into the workforce, he or she may no longer use the retired designation and can regain the CPHQ credential by meeting the current eligibility criteria, paying the examination fee and passing the CPHQ examination. There is a recurring fee of $100 for CPHQ-Retired status to be paid at the end of each 2 year cycle.

Contact Information

Name: CPHQ Certification Number: Date of retirement:

Address: City: Zip: State:

Statement of Understanding

I understand that by applying for CPHQ-Retired status, I acknowledge that I am no longer employed in the Healthcare Quality Profession. I understand that I may not represent myself as a Certified Professional in Healthcare Quality or use the CPHQ designation. If I return to employment within the healthcare quality field, I may no longer use the CPHQ-Retired designation. I understand that to regain CPHQ certification, I must take and pass the CPHQ examination, and meet the eligibility criteria in place at the time. The recurring fee of $100 may not be applied toward future certification activities.

Payment Method ($100 retired status fee)

☐ I have enclosed a check payable to the National Association for Healthcare Quality (NAHQ)

Signature: Date:

Please mail application to:

Healthcare Quality Certification Commission
8600 W. Bryn Mawr Ave, Suite 710 N
Chicago, IL 60631