Use this form to enter information regarding your education, work experience, and continued professional development activities.    
The information you enter will be used by the Equivalency Review Committee to determine if the combination of what is submitted meets the intent of the eligibility requirement for the bachelor's degree for the CHSE and CHSOS certifications. When completed, please send this form with your CV to [director@simcertification.com](mailto:director@simcertification.com). Please allow 4 – 6 weeks for a response.    
All items with a \* are required.  
**Please enter all pertinent data completely and accurately.**

Last Name \*

First Name \*

Email Address \*  
  
Country of Residence \*  
  
Exam for which you are applying:

|  |
| --- |
| EDUCATION |
| In this section, enter all education **COMPLETED** at an accredited college or university. Include any conferred degrees as appropriate. This would also include coursework that has been completed but did not conclude with a degree being conferred. |

Institution #1   
Start Date:  
  
End Date:  
  
Field of Study:  
  
Degree Received (or hours completed if none):

Institution #2  
Start Date:  
  
End Date:  
  
Field of Study:  
  
Degree Received (or hours completed if none):

Institution #3  
Start Date:  
  
End Date:  
  
Field of Study:  
  
Degree Received (or hours completed if none):

|  |  |
| --- | --- |
| ADDITIONAL EDUCATION ACTIVITIES | |
| In this section, enter all other educational activities for which you received a certificate for completing a prescribed course of activities from a specific entity (agency, company, program) and believe you should receive credit.   These should be items related to healthcare simulation such as certificate courses, medical licensure (that is not a degree above), military programs, technical courses, technology courses, simulation specific courses (e.g. vendor course).   NOTE: this does **not** include attendance at conferences.  Please see associated documentation on the website for clarification.   **Please enter all pertinent data completely and accurately.** | |
| Activities (list any item with dates and relevance) |  |

|  |
| --- |
| WORK EXPERIENCE |
| In this section, provide descriptions of your work experience that are relevant to the certification (e.g. CHSOS) for which you are applying.   This should be employment related to healthcare simulation such as in the clinical, healthcare simulation, simulation technology, or similar type of settings. The employment should have contributed to preparing you for your healthcare simulation duties.  For healthcare simulation-specific positions, one or two sentences about your specific job roles will suffice.  For positions not obviously related to healthcare simulation (e.g., theater, A/V installation) please provide details on how these skills translate to CHSE/CHSOS.  Workplaces and years in positions should be documented in your CV.  Please see associated documentation on the website for additional clarification.   **Please enter all pertinent data completely and accurately.** |