CPHQ®

Certified Professional in Healthcare Quality

2026 Recertification Handbook

V.2026.9

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It is the candidate's responsibility to read and understand the contents of this handbook before applying for recertification.

This handbook contains current information about the Certified Professional in Healthcare Quality® (CPHQ) recertification developed by the Healthcare Quality Certification Commission (HQCC). It is essential that you keep it readily available for reference. All previous versions of this handbook are null and void.

For address changes, requests for a current candidate handbook, and information about the development and administration of the CPHQ examination, certification program, and recertification, direct correspondence to:

Certification/Recertification
HQCC Headquarters
8600 W. Bryn Mawr Avenue, Suite 710N
Chicago, IL 60631, USA

For general inquiries and questions about the exam or recertification, contact HQCC:
Phone: 847.375.4720 **E-mail:** info@nahq.org

Candidates can apply for the examination and recertification online at NAHQ.org. It is the candidate's responsibility to have the most up-to-date email address and home address on file.

Affiliation

HQCC, previously known as the Healthcare Quality Certification Board (HQCB), is the certifying arm of the not-for-profit National Association for Healthcare Quality® (NAHQ), which was formed in 1976 to advance the profession of healthcare quality through the development of a certification program. HQCC establishes policies, procedures, and standards for certification and recertification in the field of healthcare quality. The granting of CPHQ status by HQCC recognizes professional and academic achievement through the individual's participation in this voluntary certification program.

Accreditation

The CPHQ certification program is fully accredited by the National Commission for Certifying Agencies (NCCA), the accrediting arm of the Institute for Credentialing Excellence (ICE), Washington, DC.

Statement of Nondiscrimination

The certification examination is offered to all eligible candidates, regardless of age, gender, race, religion, national origin, marital status, or disability. Neither NAHQ nor AMP, a PSI business, the examination service provider, discriminates on the basis of age, gender, race, religion, national origin, marital status, gender identity, sexual orientation, or disability.

RECERTIFICATION PROGRAM

Introduction to the CPHQ Program

Certification in the healthcare quality field promotes excellence and professionalism. The Certified Professional in Healthcare Quality® (CPHQ) program validates individuals who demonstrate their knowledge and expertise in this field by passing a written examination. The CPHQ credential provides the healthcare employer and public with the assurance that certified individuals possess the necessary skills, knowledge, and experience in healthcare quality to perform competently.

The high standards of the certification program are ensured by the close working relationships among the National Association for Healthcare Quality (NAHQ), Healthcare Quality Certification Commission (HQCC), healthcare quality professionals, and testing experts. HQCC adheres to standards of the National Commission for Certifying Agencies (NCCA) in the development and implementation of its certification program, as well as guidelines issued by the Equal Employment Opportunity Commission (EEOC) and the Standards for Educational and Psychological Testing (1999) prepared by The Joint Committee on the Standards for Educational and Psychological Testing of the American Educational Research Association (AERA), the American Psychological Association (APA), and the National Council on Measurement in Education (NCME).

Recertification Requirements

Following successful completion of the CPHQ examination, the certificant is required to maintain certification by fulfilling continuing education (CE) requirements, which are reviewed and established annually by HQCC. The recertification requirements are as follows:

- Obtaining and maintaining documentation of 30 CEs over the 2-year recertification cycle.
    - CE must be earned during your recertification cycle and cannot be earned during the grace period.
    - CE cannot be earned for activities completed as part of your job-related functions. This includes full-and-part-time employment as well as contract work.
- Current employment in the quality management field is not required to maintain active CPHQ status.

Although NAHQ does send out communications to candidates that are eligible to recertify, it is the candidate's responsibility to know their deadline for their recertification of the CPHQ. An overview of the process for maintaining your certification can be found on the NAHQ website at https://nahq.org.

Recertification Cycle

Each recertification cycle is 2 years in length, beginning Jan. 1 of the year following completion of the certification examination or prior to the recertification cycle. The cycle

ends Dec. 31 of the second year, and your recertification application is due by that day. If you do not recertify by the deadline, you can recertify by Jan. 31 of the following year with a late fee. However, CE cannot be earned during this timeframe.

For example:

IF YOU:	YOU WILL BE EXPECTED TO RENEW BY:
Sat for exam in 2024	Dec. 31, 2026 (Recertification opens July 1, 2026.)
Last recertified in 2024	Dec. 31, 2026 (Recertification opens July 1, 2026.)
Sat for the exam in 2025	Dec. 31, 2027 (Recertification opens July 1, 2027.)
Last recertified in 2025	Dec. 31, 2027 (Recertification opens July 1, 2027.)

Recertification Fees

	ADVANCED PRICING: JUL. 1 - SEPT. 30	OCT. 1 – DEC. 31	GRACE PERIOD: JAN. 1 - 31
CPHQ Member	$0	$0	$0
Premium Member	$132	$152	$202
Standard Member	$185	$205	$255
Nonmember	$273	$293	$343

*Though all candidates must attest to meeting the requirements of recertification online, candidates may choose to pay the recertification fee by check rather than by credit card. An additional $25 processing fee must be included if payment is made by check. Please fill out this form and mail it along with your check to NAHQ, 8600 W. Bryn Mawr Avenue, Suite 710N, Chicago, IL 60631, USA.

No Refunds or Transfers

Fees are nonrefundable and nontransferable. Declined credit cards will be subject to a $25 handling fee. A certified check or money order for the amount due, including the handling fee, must be sent to HQCC/NAHQ to cover declined credit card transactions.

Ways to Earn CE

All CE must relate to at least **one** area included in the most current examination content outline and be earned during your recertification cycle dates. CE cannot be earned during the Grace Period.

The following are acceptable CE activities for CPHQ recertification, along with acceptable documentation formats if you are randomly selected for audit.

Activity	**CE Amount**	**Approved documentation** ***All documentation must include the following. This may require multiple forms of documentation, if needed:*** ***1. CE/hours earned*** ***2. Date completed/earned/offered*** ***3. Title of activity.***	**Limit per cycle**
Participate in professional education programs			
Conferences (face to face or online)	60 minutes of education = 1 CE hour. 1 poster = .15 CE	• Certificate of attendance/ transcript with CE hours earned. • Conference brochure with sessions attended *(this documentation option must include confirmation of registration)* • Formal letter from conference provider on sessions attended	No Limit
Seminar, webinar, workshop or other professional development courses (face to face or online)	60 minutes of education = 1 CE hour. -	• Certificate of attendance/transcript with CE hours earned. • Learning brochure with sessions listed and timeframe/CE information *(this documentation option must include confirmation of registration)* • Formal letter from provider on session(s) attended and/or CE/hours earned	No limit
Speaking engagement, workshop/speaker presentation (permitted only if this is not your primary, full-time job). *Presentations given more than once with the same content may be claimed only once during each cycle.*	1 hour of presentation = 4 CEs	• Brochure/flyer/email with session listed that includes your name and timeframe/CE hours available • Formal letter from provider on session(s) presented	No limit
College course on subject(s) that relate(s) to exam content.	1 completed course = 10 CE	• College transcript. Must contain your name, term of course, and notation of completion (grade, etc).	10 CEs
NAHQ Journal for Healthcare Quality (JHQ) quizzes *Must receive passing grade for quiz via My Learning to receive credit.*	1 quiz = 1 CE	• No documentation required since earned via NAHQ	No limit

Publication			
Formal publication of articles or books on subject(s) that relate(s) to exam content. This includes poster presentations at conferences.	1 published page of content = 4 CE 1 poster presentation = 4 CE	• Copy of article/book that includes your name and publication date. • Copy of poster presentation along with evidence of the conference presented at • Publication/presentation date must be within your current 2-year cycle	No limit
Participate in volunteer activities related to healthcare quality			
NAHQ Certification Volunteers (Test Development, Item Writing and Job Analysis)	CE details provided upon appointment to team	• No documentation required since earned via NAHQ	No limit
Elected or appointed position on a board, taskforce, team, participation on a local, state, national, or international level as a committee member or in a position of voluntary leadership within the healthcare industry.	3 CEs per year served, per volunteer position	• Appointment letter on letterhead of organization or board (separate letter for each role held). Contains your name, your role held, the dates of the term, and the signature from committee or organization leader/chapter president • Letter on letterhead of organization or board that contains your name, your role held, the dates of the term, and the signature from committee or organization leader/chapter president • No documentation required if a NAHQ volunteer	12 CEs

RECERTIFICATION PROCESS

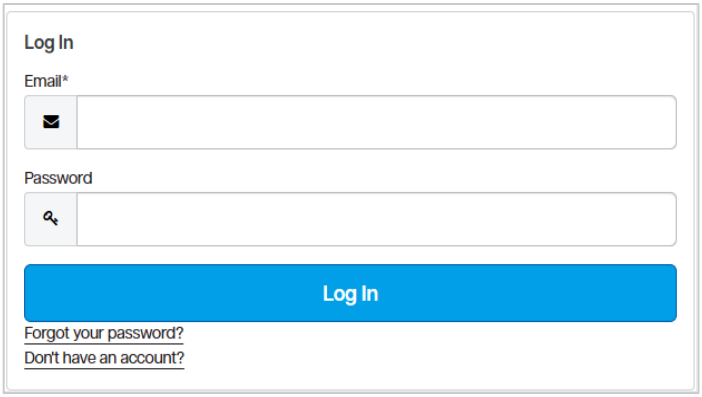
How to Attest and Recertify

The recertification application is only available online at nahq.org.

1. LOG IN.

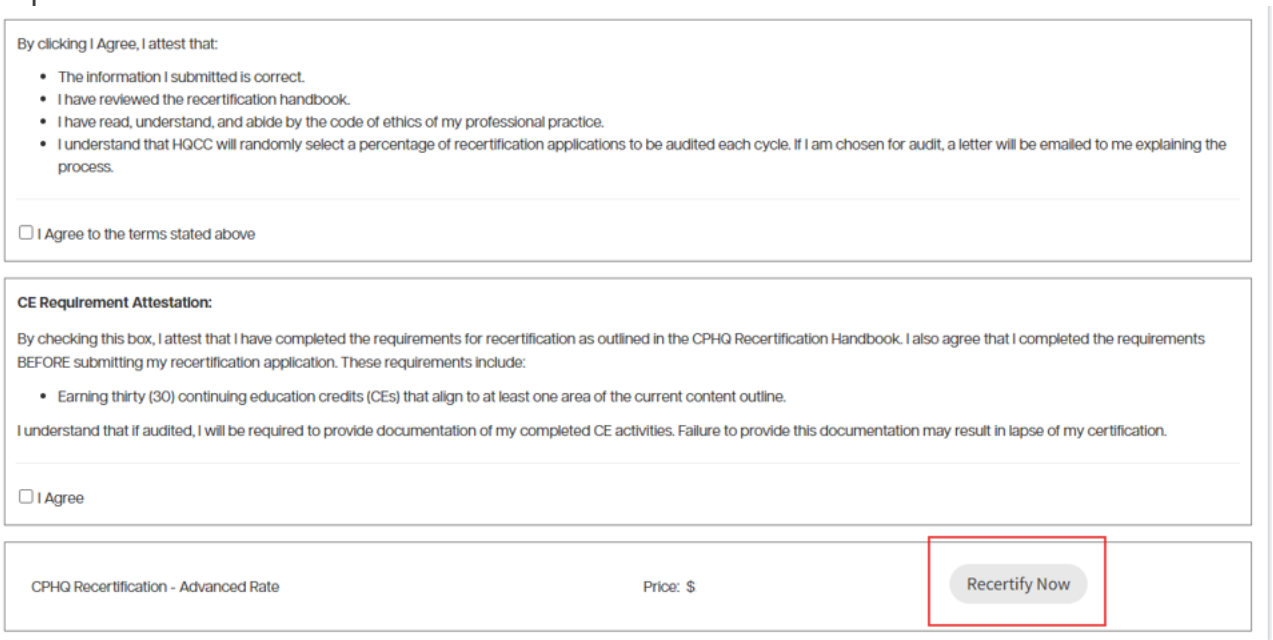
To access the recertification application, log in to your NAHQ account.

All active certificants already have an account in our database. If you need assistance with accessing your account, contact Member Services at info@nahq.org or 847.375.4720. Please do not create a new account if you cannot log into your old account.



2. ATTESTATION

Once your recertification application has opened, you can select **Recertify Now*** to complete the attestation process which states that you have met all of the recertification requirements.

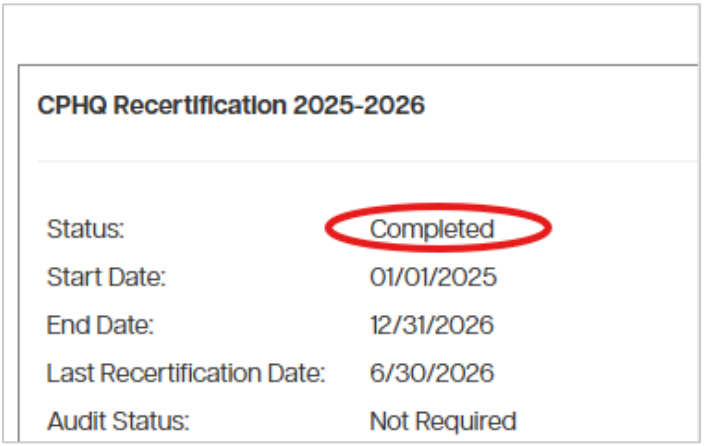


You will only see the **Recertify Now button once recertification is open. Recertification opens up on July 1 on the second year of your recertification cycle.*

Once you complete the attestation, you will also need to agree to the declaration and submit the recertification fee*. This will complete your recertification application. Within a few minutes, you will receive a confirmation e-mail.

**Credit card is the primary payment method, but you may opt to pay by check. If paying by check, complete the application at the end of this handbook and mail it in with your check. Please note there is a $25 processing fee for paying by check. See page 5 of this handbook for recertification fee rates and add $25 to the total amount owed.*

If you return to your Personal Snapshot page and scroll down to the Certification card, you will see that the status of your recertification is now Completed.



Each certificant will have access to a digital badge for the CPHQ. Information on how to access your digital badge and a PDF copy of your certificate, can be found on NAHQ's website. CPHQs in the United States can purchase a copy of their certificate within the course catalog.

Please contact the NAHQ customer service team at info@nahq.org or 847.375.4720 if you experience any issues with this process.

APPLICATION AUDITS

Each year, the HQCC randomly selects a percentage of applications to be audited. If your application is selected for audit, you will receive an e-mail with detailed instructions on how to complete the audit process.

You will be required to upload your CE activity along with supporting documentation within 14 days of being notified of the audit. You will not need to upload documentation for CEs earned directly from NAHQ. You will only need to upload documentation for Non-NAHQ CEs.

For your Non-NAHQ CEs, be prepared to submit the following:

- A photocopy of your CE certificates or written documentation of activities for which a CE certificate was not provided (e.g., a journal's table of contents showing you as author of an article, school transcript, etc.).
- If a CE program you attended does not meet the definition of an approved program, submit a copy of the behavioral objectives and an outline of the content (e.g., a program brochure) in addition to a copy of the CE certificate.

If we do not receive your documentation by the stipulated deadline, or if your documentation does not support 30 hours of continuing education, your certification will lapse and you must cease using the credential. We cannot reverse audit decisions and therefore in order to regain your certification after this date, you will be required to pay for and sit for the CPHQ examination again. Recertification fees are nonrefundable, even if you fail the audit process.

CPHQ certification status is contingent upon the final outcome of any required recertification audit. If selected for audit, your audit will remain pending until the review has been completed and you receive notification that your audit has passed. Your CPHQ status will be considered final once you have been notified of a successful audit outcome.

CPHQ STATUS

Application Refusal

Applications may be refused, candidates may be barred from future examinations, or certificants may be sanctioned, including revocation of the CPHQ designation, for the following reasons:

- Attesting to false information on the application, on recertification documents, or during the random audit procedure
- Unauthorized possession or distribution of any official testing or examination materials
- Representing oneself falsely as a designated CPHQ

Credential Revocation

If you do not recertify by your expiration date, or you fail your audit, your certification will be revoked for failure to comply with recertification requirements. Individuals whose credentials have been revoked may not use the CPHQ credential when representing themselves. HQCC does not approve any appeals for missed deadlines or failed audits. You will be required to sit for and pass the examination to begin using the credential again.

Inactive Status Policy

Because the field of healthcare quality is ever-evolving, the CPHQ must pursue ongoing education to stay current. For this reason, an inactive path or waiver of the recertification requirement is not available.

CPHQ-Retired Status

HQCC developed the CPHQ-Retired status to recognize CPHQs who have retired from their professional healthcare quality career but wish to maintain their credential. To be eligible for CPHQ-Retired status, you must:

- Retire from the healthcare quality profession with no plans to return or to renew your CPHQ certification
- Be a current CPHQ at the time of retirement
- Be in good standing with HQCC at the time of application. Candidates selected for recertification audit must successfully complete the audit process before a request for CPHQ-Retired status will be considered. Individuals may not transfer to CPHQ-Retired status while an audit remains incomplete.

The CPHQ-Retired status is 2 years in length, beginning Jan. 1 of the year following the certification expiration date. The cycle ends Dec. 31 of the second year, and your recertification application is due by that day.

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 not after a signature nor on a professional name badge. If you have been granted CPHQ-Retired status, you may not represent yourself as a CPHQ.

If you are a CPHQ-Retired and re-enter the workforce, you may no longer use the retired designation and can regain the CPHQ credential only by meeting the current eligibility criteria, paying the examination fee, and passing the CPHQ examination.

Application Procedure:

- To obtain the CPHQ-Retired status, you must complete the CPHQ-Retired application process during your current recertification cycle. CPHQ-Retired status will not be granted once certification has lapsed.
- A CPHQ wishing to retire the professional credential will notify the HQCC of this intent in writing by completing the application for CPHQ-Retired status (form can be found on the here) and paying the associated fee.
- The HQCC staff will acknowledge the change to CPHQ-Retired status in the database.

CONTENT OUTLINE

The content validity of the CPHQ examination is based on a practice analysis that surveyed healthcare quality professionals on the tasks they perform. Each question on the examination is linked directly to one of the tasks listed on the following pages. In other words, each question is designed to test whether the candidate possesses the knowledge necessary to perform the task and has the ability to apply it to a job situation.

Each of the tasks was rated as significant to practice by healthcare quality professionals

who responded to the survey. One rule used by the examination committee requires that a task be significant to practice in the major types and sizes of healthcare facilities, including those employed in managed care. Thus, the examination content is valid for this segment of healthcare quality professionals, as well as those employed in hospitals, clinics, home care, behavioral and mental health centers, or other care settings.

The content outline is a list of tasks that forms the structure of the CPHQ examination and to which the examination questions are linked.

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CERTIFIED PROFESSIONAL IN HEALTHCARE QUALITY® DETAILED CONTENT OUTLINE[1]

1. Quality Leadership and Integration (19 Items)

A. Strategic Planning

1. Advise leadership on organizational improvement opportunities
2. Assist with the development of action plans or projects
3. Assist with establishing priorities
4. Participate in activities that support the quality governance infrastructure
5. Align quality and safety activities with strategic goals

B. Stakeholder Engagement

1. Identify resource needs to improve quality
2. Assess the organization's culture of quality and safety
3. Engage stakeholders to promote quality and safety
4. Provide consultative support to the governing body and key stakeholders regarding their roles and responsibilities related to quality improvement
5. Promote engagement and inter-professional teamwork

2. Performance and Process Improvement (27 Items)

A. Implement quality improvement training

B. Communicate quality improvement information within the organization

C. Identify quality improvement opportunities

D. Establish teams, roles, responsibilities, and scope

E. Participate in activities to identify innovative or evidence-based practices

F. Lead and facilitate change

G. Use performance improvement methods (e.g., Lean, PDSA, Six Sigma)

H. Use quality tools and techniques (e.g., fishbone diagram, FMEA, process map)

I. Participate in monitoring of project timelines and deliverables

J. Evaluate team effectiveness

K. Evaluate the success of performance improvement projects and solutions

1 Approximately 23% of the items will require recall on the part of the candidate, 57% will require application of knowledge, and 20% will require analysis. Each test form will include 15 unscored pretest items in addition to the 125 scored items.. | Last updated: 3/2023

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CERTIFIED PROFESSIONAL IN HEALTHCARE QUALITY® DETAILED CONTENT OUTLINE[1]

3. Population Health and Care Transitions (11 Items)

A. Identify data and resources that are important in determining the health status of defined populations

B. Identify population health management strategies to integrate into improvement initiatives

C. Incorporate prevention, wellness, and disease management solutions into improvement initiatives

D. Incorporate techniques to address health disparities and promote equity into improvement initiatives

E. Analyze and use clinical, cost, equity, and social determinants of health data to drive and monitor improvement efforts

F. Identify opportunities for improvement in care transitions

G. Collaborate with stakeholders to improve and optimize care processes and transitions

H. Incorporate concepts of social determinants of health into improvement activities

4. Health Data Analytics (26 Items)

A. Data Management Systems

1. Assist in evaluating and developing data management systems to support quality improvement
2. Design data collection plans:
   a. Measure development (e.g. definitions, goals, thresholds, numerators, and denominators)
   b. Tools and techniques
   c. Sampling methodology
3. Identify and select measures (e.g. structure, process, outcome, experience)
4. Collect and validate quantitative and qualitative data
5. Identify external data sources for comparison and benchmarking
6. Design scorecards and dashboards for different audiences

B. Measurement and Analysis

1. Use data management systems for organization, analysis, and reporting of data
2. Use data visualization and display techniques
3. Use measurement tools to evaluate process improvement
4. Use statistics to describe data and examine relationships (e.g., measures of central tendency, standard deviation, correlation, regression, t-test)
5. Use statistical process control techniques and tools (e.g., common and special cause variation, control charts, trend analysis)
6. Compare data sources to establish benchmarks
7. Interpret data to support decision-makings

1 Approximately 23% of the items will require recall on the part of the candidate, 57% will require application of knowledge, and 20% will require analysis. Each test form will include 15 unscored pretest items in addition to the 125 scored items.. | Last updated: 3/2023

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CERTIFIED PROFESSIONAL IN HEALTHCARE QUALITY® DETAILED CONTENT OUTLINE[1]

5. Patient Safety (18 Items)

A. Identify technology solutions to enhance patient safety

B. Facilitate the ongoing evaluation of safety activities

C. Apply techniques to enhance the culture of safety within the organization

D. Integrate safety concepts throughout the organization

E. Use safety principles (e.g., human factors engineering, high reliability, high-performance teams, systems thinking)

F. Participate in safety and risk management activities related to:

1. Safety event/incident reporting
2. Sentinel/unexpected event review
3. Root cause analysis
4. Proactive risk assessment

6. Quality Review and Accountability (16 Items)

A. Apply standards, best practices, and other information from quality-related organizations

B. Evaluate compliance with internal and external requirements for:

1. Clinical practice guidelines, pathways, and outcomes
2. Quality-based payment programs
3. Documentation
4. Practitioner performance evaluation
5. Patient experience
6. Identification of reportable events for accreditation and regulatory bodies

C. Maintain confidentiality of performance/quality improvement records and reports

D. Implement and evaluate quality initiatives that impact reimbursement

7. Regulatory and Accreditation (8 Items)

A. Evaluate appropriate accreditation, certification, and recognition options

B. Promote awareness of statutory and regulatory requirements within the organization

C. Support processes for evaluating, monitoring, and improving compliance with organizational, state, and federal requirements

D. Maintain survey or accreditation readiness

1 Approximately 23% of the items will require recall on the part of the candidate, 57% will require application of knowledge, and 20% will require analysis. Each test form will include 15 unscored pretest items in addition to the 125 scored items. | Last updated: 3/2023

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