

# CFBE<sup>®</sup> APPLICATION FORM

Certified Food and Beverage Executive

Ref Code:



## APPLICATION CHECKLIST

Have you included the following required documents?

- Completed CFBE application form
- Current Resume
- Job Description
- Organizational Chart
- Employment Verification Form (signed by your immediate supervisor)
- Payment
- Copy of diploma or transcripts (if applying under Plan A)

## SECTION 1

You may apply for certification under one of three different plans. Check the plan that applies to you and be sure to read each eligibility requirement carefully. You must satisfy all requirements to be accepted under the plan you select.

**Plan A Eligibility - Education Plus**

I am currently employed in a CFBE qualifying position\* with at least one year of full-time experience in one or more such positions.

AND

I have earned at least a two-year degree from an accredited institution or I have successfully completed the Educational Institute's five course Food and Beverage Management Specialization program.

Include transcript or copy of diploma.

**Plan B Eligibility - Experience**

I am currently employed in a CFBE qualifying position\* with at least two years of full-time experience in one or more such positions.

Educators: You can meet Plan B requirements if you are currently teaching food and beverage hospitality management courses on a full-time basis at an accredited academic institution, have one year experience in this capacity, and have one year of full-time experience in food and beverage management in a lodging hospitality company.

**Plan C Eligibility - Early Entry**

I am currently employed in a CFBE qualifying position\* with less than the minimum time requirement in the position.

See page 4 for details on the Plan C program. If this is the plan you choose be sure to sign the agreement.

\*Examples include: food and beverage director in hotel food and beverage administration, executive chef, or general manager of a freestanding restaurant facility

Please send all correspondence regarding the CFBE program to my:

- Home Address  Business Address

## SECTION 2

PERSONAL AND PROFESSIONAL DATA (Correspondence will be sent to your business address unless otherwise indicated.)

PRINT Name (Mr./Ms./Mrs.)		Birth Date	<b>FOR OFFICE USE ONLY</b>		
Home Mailing Address					Customer #
City/State or Province		Postal Code/Country			Payment/check #
Business Phone ( )	Home Phone ( )				Order #
Business Fax ( )	e-mail				Enrollment Date
<b>PRESENT POSITION</b>		When did you begin? (month/year)			Supervisor's Name
Company/Property					
Mailing Address			Supervisor's Phone ( )		
City/State or Province		Postal Code/Country	Property/Company Size		
Property Affiliations (chains, referral groups, management companies; include brochure if possible)					

Return to: American Hotel & Lodging Educational Institute  
 Professional Certification Department  
 800 N. Magnolia Ave., Suite 300, Orlando, FL 32803  
 Phone: 407-999-8100 or 888-575-8726 • Fax: 407-999-8610 or 407-236-7848  
 E-mail: certification@ahla.com

Please continue to Sections 3-5.

## SECTION 3 – FEES/PAYMENT

The CFBE certification program fee is U.S. \$350 for employees of AH&LA member\* properties in the U.S./Canada; U.S. \$475 for employees of non-AH&LA member properties and all properties outside the U.S./Canada. If for some reason, you do not meet the requirements, your program fee will be returned in full. If for any reason you do not complete your certification within six months after acceptance into the program, your program fee is forfeited. Upon acceptance into the program, fees are non-refundable and non-transferable. *(Prices are subject to change without notice).*

This fee includes:

- Exam Preparation Booklet including a resource materials CD for the Certified Food and Beverage Executive program.
- Application and Exam Fee.
- Certificate, Lapel Pin and the CFBE Designation for candidates **who successfully pass the certification exam.**

\*At this time my property is a member of the American Hotel & Lodging Association (AH&LA):

No  Yes To receive member pricing, provide current Member Verification and Member Number: \_\_\_\_\_

My check or money order is enclosed, made payable in U.S. funds drawn on a U.S. bank to: **Educational Institute.**

Please bill my credit card:  Visa  Mastercard  American Express  Diners Club  Discover Card

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CV2 \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Print Name \_\_\_\_\_

## SECTION 4 – THE CFBE EXAMINATION

If you plan to take your exam at a review session, please provide the location and date below. Note that there may be a fee to attend and that these programs may be cancelled due to low enrollment. Please refer to our web site ([www.ahlei.org/certificalendar](http://www.ahlei.org/certificalendar)) for an updated list of review sessions.

### REVIEW SESSION REGISTRATION

Location	Date of Test
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If you plan to take your examination through a proctor, please provide the necessary information below. A proctor is the person who will administer your examination. A proctor may be a CHA, CLM, or CFBE, a hospitality educator, an AH&LA member association/federation executive, or a member of the clergy. (A relative or person with the same last name cannot be accepted as a proctor.) Please obtain consent from this individual *before* submitting his or her name. Your examination will be sent to your proctor upon your request, the proctor must be present when taking the exam. If you have not yet chosen a proctor, write in this field “will call when ready.”

Please select one:  Online Exam (Results received immediately after completing online exam)

Paper-Based Exam (Allow more time for processing of results)

### PROCTOR INFORMATION

Name (Mr./Ms./Mrs.)	Title
Organization	Business Phone ( )
Address	Business Fax ( )
City/State or Province	Postal Code/Country
e-mail	

## SECTION 5 – CERTIFICATION AGREEMENT

Please read the following Certification Agreement and sign and date it at the bottom. We must have your signature below to process your application.

The information I have provided is accurate. I understand that acceptance into the CFBE program is based on this application, any support materials I have enclosed, and a favorable recommendation from my reference. I give the Educational Institute permission to thoroughly investigate my past employment, education, and professional development activities. I release from liability all persons and companies supplying such information. I indemnify all persons I have listed in this application against any liability which might result from such an investigation. If I am accepted as a CFBE candidate, I will have six months to complete all program requirements. If I do not complete the program within six months I will have to re-apply and submit all fees. I agree to hold the Educational Institute and its Certification Commission harmless from any and all liability in the event this application is rejected on the basis of the information furnished by me or third persons which would, in the judgment of the Educational Institute, make me ineligible for certification. I agree to accept the Certification Commission's decision as to my eligibility for this certification.

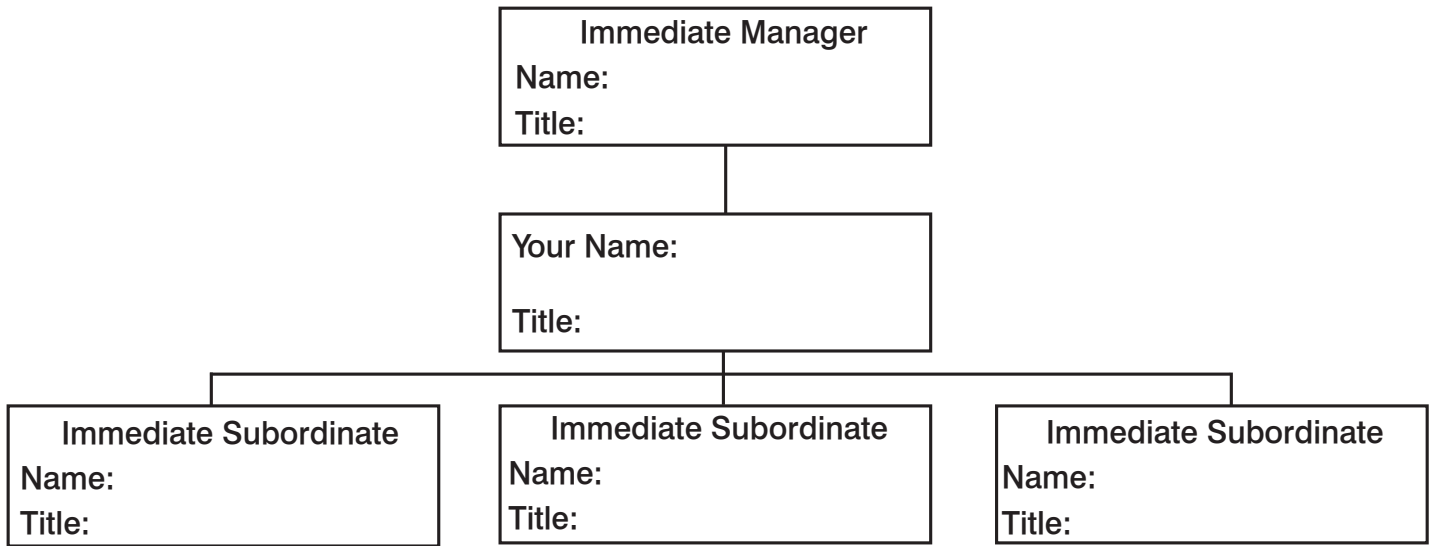
The CFBE program and fees associated with the program are non-refundable and non-transferable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# Organizational Chart and Resume\*

\*Please note that you can use this document as the Organizational Chart and Resume requirements as listed on the first page of the Application under "APPLICATION CHECKLIST."



Current Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

Property: \_\_\_\_\_

Location (City, State or Province, Country): \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Title: \_\_\_\_\_

Start Date-End Date: \_\_\_\_\_ - \_\_\_\_\_

Property: \_\_\_\_\_

Location (City, State or Province, Country): \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Title: \_\_\_\_\_

Start Date-End Date: \_\_\_\_\_ - \_\_\_\_\_

Property: \_\_\_\_\_

Location (City, State or Province, Country): \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Plan C

Candidates applying to the CFBE Program under Plan C must complete, sign, and return this agreement form.

Through Plan C you can begin working on your CFBE designation and demonstrating your commitment to professional development the first day of the job. Plan C enables you to take the CFBE certification test up to three times so you can gauge your progress and knowledge against an industry proven standard. You no longer need to wait to see if you meet the benchmark of industry quality. You can prove it, and pursue a strong professional development regimen. This plan will allow individuals who are in qualifying positions to pursue their certification even if they are lacking in experience.

A Plan C candidate who is in a qualifying position:

1. May sit for the examination BEFORE meeting the experience requirement.
2. May take the examination up to 3 times.
3. May sit for the examination while in the process of completing a hospitality degree.
4. Will be required to submit documentation of employment at the time the experience requirement is met.

**Plan C requires a candidate to hold a qualifying position\* at the time of application.**

**Plan C does not have an education requirement, but a degree will reduce the length of time\*\* you are required to spend in a qualifying position\*.**

I (  do ) (  do not ) currently hold a 2 or 4 year degree.

I (  will ) (  will not ) complete a 2 or 4 year degree before meeting the 1 or 2 years experience requirement.

\*Examples include: food and beverage director in hotel food and beverage administration, executive chef, or general manager of a freestanding restaurant facility

\*\*To determine the length of time for you to receive your designation, subtract the number of months you have been in a qualifying position from 12 months if you have a hospitality degree or 24 months if you do not.

Example:            12 months (to qualify) – 4 months (in position) = 8 months  
                          24 months (to qualify) – 4 months (in position) = 20 months

**Statement of Understanding:**

**I understand that if accepted under Plan C I will be allowed to complete the examination, and if successful, will not receive or use the designation until I have met the experience requirement as determined above. I also agree to submit verification of my employment status upon meeting the experience requirement.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_



# CFBE<sup>®</sup> RECOMMENDATION AND EMPLOYMENT VERIFICATION FORM

Certified Food and Beverage Executive

PLEASE TYPE OR PRINT CLEARLY.

The Certified Food and Beverage Executive (CFBE) designation recognizes those individuals who have demonstrated exemplary leadership and managerial abilities in a hospitality setting. Those who earn the CFBE are seen as highly competent, respected professionals who are knowledgeable in their positions.

Please complete the information below on behalf of the individual applying for certification. Acceptance into the CFBE program is contingent on verification of employment. The applicant has been directed to give this form to an **immediate supervisor or corporate representative**.

This information will be subject to verification through the corporate office.

(Note: EI's Certification Department will not accept verification statements from a relative or person with the same last name.)

I verify that		(name)	
has been employed with		(property or company)	
in the position of		(title)	
for the period of	(month/year)	through	(month/year)
His/Her responsibilities include:			
Additional comments:			

Based on the applicant's experience and competence:

- I attest that the above information is true and understand that any misinformation provided will affect the candidacy of stated CFBE applicant. I will, if called upon, answer any questions regarding the employment of the stated CFBE applicant.*
- I do not recommend this person for acceptance as a CFBE candidate.*

Signature:		Date:	
Your Name (Mr./Ms.):			
Title:		Property:	
Address:		City:	
State or Province:		Country:	Zip/Postal Code:
Business Telephone: (        )		Fax: (        )	e-mail

**THIS COMPLETED FORM MUST ACCOMPANY THE CFBE APPLICATION**

# Certified Food and Beverage Executive (CFBE®) Program

## When You Apply

When you apply for certification, it is important that we receive 1. an updated resume with your application, 2. copy of college transcripts, 3. current job description, 4. organizational chart, and other supporting documents which will help ensure that your application is processed quickly and correctly. All applications and supporting documentation become the property of the Educational Institute.

## Eligibility and Your Candidacy Status

The Professional Certification Department will review your materials to determine your eligibility. You will receive written notification within three weeks of receipt of your application. Upon approval, you will become a candidate for professional certification.

If your application is not accepted, for any reason, you will be notified in writing and your (application/examination) fee will be refunded. If you wish, you may appeal in writing to the Certification Commission Appeals Committee. Please submit your original application, all supporting documentation, and a letter outlining the reasons for reconsideration. The Committee will review your appeal and respond in writing.

## Preparing for Your Exam

A number of optional resources are available to help you prepare for the CFBE comprehensive examination:

- *Exam Preparation Booklet including a resource materials CD:* Included with your enrollment, offers a thorough overview of the exam material, as well as practice questions.
- *Educational Institute textbooks and courses:* Textbooks and courses on a variety of subjects are available for purchase through the Educational Institute. Call the Institute at 800-752-4567 for ordering information.

## Exam Options

You can take the certification exam either at a CFBE Review Session or on your own through an approved proctor.

*CFBE Review Sessions* give you the opportunity to participate in an informally led review of the CFBE material. Call the Professional Certification Department for a list of the review sessions currently scheduled or visit our web site at [www.ahlei.org/certifcalendar](http://www.ahlei.org/certifcalendar) (Review sessions may be cancelled or postponed due to low enrollment. There may be a nominal fee paid to the sponsor for attending a review session.)

*Proctored exams* require you to arrange for a proctor to administer the certification exam to you. An approved proctor may be a CHA, CLM, or CFBE, an AH&LA member association/federation executive, a hospitality educator, or a member of the clergy. A relative cannot act as your proctor.

## Your Test Results

A passing score is 70 percent or better. To guarantee your privacy, **absolutely no scores will be given over the phone.** Your exam results will be mailed directly to you, along with a written assessment.

## The CFBE Exam Retake Policy

If a successful score is not achieved during the first attempt, candidates will be provided two additional opportunities within the six-month enrollment period to complete the requirement. For each retake, a fee of US \$50.00\* will be charged and must be paid prior to the examination being sent. If a successful score is not achieved after three attempts, the individual will then be able to re-apply and submit all fees in order to continue pursuing the certification.

## For Candidates with Special Needs

The Certification Commission heartily supports the intent of the Americans with Disabilities Act (ADA) PL 101-334 §309(b)(3). The Commission will make a reasonable effort to provide candidates who have documented disabilities with the necessary aids and services that do not fundamentally alter the measurement of the skills or knowledge the CFBE Program is intended to test. Please direct specific questions regarding special accommodations to the Professional Certification Department at 407-999-8100 or 888-575-8726.

I request special examination assistance or a test modification during the examination due to a disability. With this application, I am including documentation of my disability in order to receive special accommodations.

Auxiliary aids and services can only be offered that do not fundamentally alter the measurement of skills or knowledge the examination is intended to test – Americans with Disabilities Act, Public Law 101-334 §309(b)(3)

## Recertification:

### Your Key to Ongoing Professional Growth

Every five years the Certification Commission will recertify you based on your continuing work experience and ongoing professional-development activities. Every time you fulfill the five-year recertification requirements, you will receive a new jeweled lapel pin – with additional jewels added to reflect your years of industry service – and a new certificate, signifying your continuing commitment to hospitality excellence. (The recertification fee is US \$200.00\*).

## Policy Questions?

We will be happy to answer any questions you might have. Call the Educational Institute's Professional Certification Department at 407-999-8100 or 888-575-8726 or fax 407-999-8610 or 407-236-7848.