

CHA[®] APPLICATION FORM

Certified Hotel Administrator

Ref Code:



APPLICATION CHECKLIST

Have you included the following required documents?

- Completed CHA 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 as a general manager, owner/operator*, or corporate executive** in a lodging hospitality company - with at least two years 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 twelve course Hospitality Management Diploma program.

Include transcript or copy of diploma.

* Non-proprietary documentation that substantiates ownership of at least one hotel/lodging property.

** A corporate executive is defined as an individual, employed by a firm responsible for the operation of three or more properties, who serves as a regional or corporate director of operations, or has ultimate corporate responsibility for rooms, marketing, accounting and finance, human resources, or engineering.

Please send all correspondence regarding the CHA program to my:

Home Address Business Address

Plan B Eligibility - Experience

I am currently employed as a general manager, owner/operator*, or corporate executive** in a lodging hospitality company - with at least three years of full-time experience in one or more such positions.

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

Plan C Eligibility - Early Entry

I am currently employed as a general manager, owner/operator*, or corporate executive** in a lodging hospitality company.

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

SECTION 2

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

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

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 CHA certification program fee is U.S. \$450 for employees of AH&LA member* properties in the U.S./Canada; U.S. \$650 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 Hotel Administrator program.
- Application and Exam Fee.
- Certificate, Lapel Pin and the CHA 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 CHA 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) 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, 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 CHA 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 CHA 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.

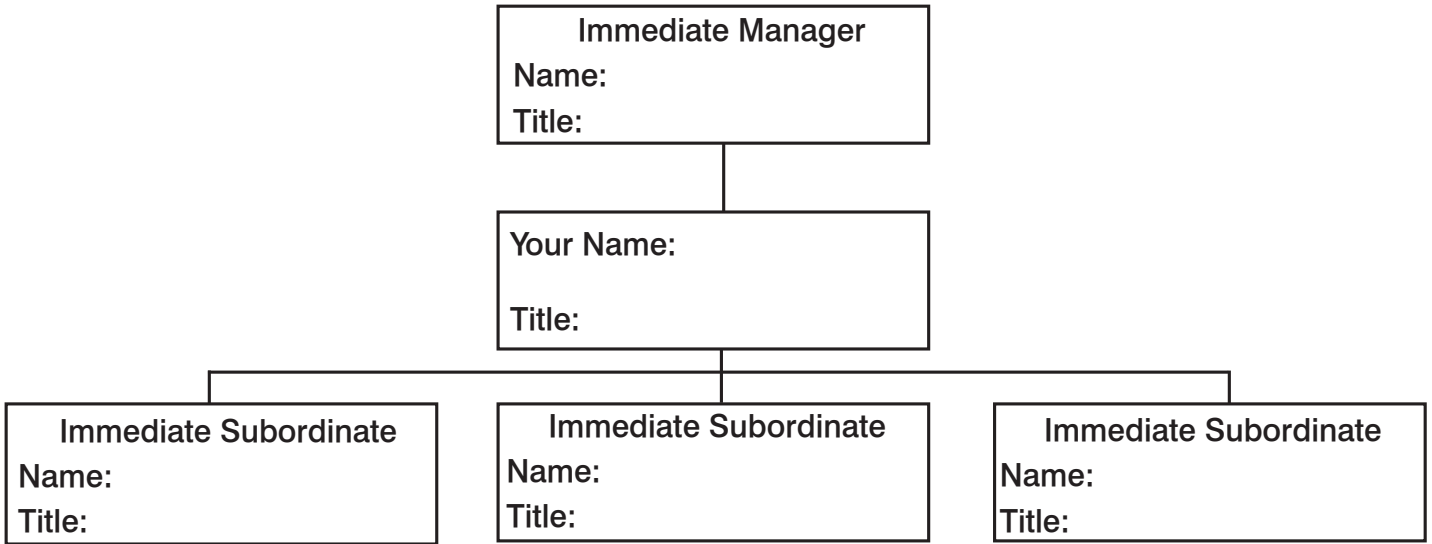
The CHA program and fees associated with the program are non-refundable and non-transferable.

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 CHA Program under Plan C must complete, sign, and return this agreement form.

Through Plan C you can begin working on your CHA designation and demonstrating your commitment to professional development the first day of the job. Plan C enables you to take the CHA 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.

Please check one:

_____ Owner/Operator

_____ General Manager

_____ Corporate Executive (Responsible for the operation of three or more properties, who serves as a regional or corporate director of operations, or has ultimate corporate responsibility for rooms, marketing, accounting and finance, food and beverage, human resources, or engineering).

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 related 2 or 4 year degree.

I (____ will) (____ will not) complete a related 2 or 4 year degree before meeting the 2 or 3 years experience requirement.

*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 24 months if you have a degree or 36 months if you do not.

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

 36 months (to qualify) – 4 months (in position) = 32 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: _____



CHA[®] RECOMMENDATION AND EMPLOYMENT VERIFICATION FORM

Certified Hotel Administrator

PLEASE TYPE OR PRINT CLEARLY - FILL OUT COMPLETELY

The Certified Hotel Administrator (CHA) designation recognizes those individuals who have demonstrated exemplary leadership and managerial abilities in a hospitality setting. Those who earn the CHA 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 CHA 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 CHA applicant. I recommend this individual for the CHA program and verify that the candidate currently holds a qualifying position as general manager, owner/operator, or corporate executive. I will, if called upon, answer any questions regarding the employment of the stated CHA applicant.*
- I do not recommend this person for acceptance as a CHA 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 CHA APPLICATION

Certified Hotel Administrator (CHA®) 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 CHA 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. Highlights include: Human Resources, Accounting/Cost Control, Rooms Division, Engineering and Property Management, Marketing and Sales, Management, Food and Beverage and General Administration.
- *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 CHA Review Session or on your own through an approved proctor.

CHA Review Sessions give you the opportunity to participate in an informally led review of the CHA material. Call the Professional Certification Department for a list of the review sessions currently scheduled or visit our web site at www.ahlei.org/certicalendar (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, 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 75 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 CHA Exam Retake Policy

If a successful score is not achieved during the first attempt, candidates will be provided two additional opportunities to complete the requirement. For each retake, a fee of US \$75.00* 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 CHA 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.