



CFBE[®] APPLICATION FORM

Certified Food and Beverage Executive

Promo Code:

HOW TO APPLY

- ◆ Complete Sections 1-5 as thoroughly and accurately as possible.
- ◆ Have your direct/immediate supervisor or a corporate representative complete and return the attached Recommendation and Employment Verification Form.
- ◆ Sign and return your completed application, including an updated resume, the appropriate fee, a job description and an organizational chart. (See page 3 for organizational chart/form).

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

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 5 for details on the Plan C program. If this is the plan you choose, be sure to sign the agreement.

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

Please send all correspondence regarding the CFBE 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	FOR OFFICE USE ONLY		
Home Mailing Address					Customer #
City/State or Province		Postal Code/Country			Payment/check#
Business Phone ()	Home Phone ()				Order # Enrollment Date
Business Fax ()	e-mail				

PRESENT POSITION		When did you begin? (month/year)	Job Responsibilities (Provide attachment)	
Company/Property				
Mailing Address				
City/State or Province		Postal Code/Country		
Property Affiliations (chains, referral groups, management companies; include brochure if possible)			Supervisor's Name	
PREVIOUS POSITION		Start Date	End Date	Supervisor's Phone ()
Company/Property			Property/Company Size	
Mailing Address			Supervisor's Name	
City/State or Province		Postal Code/Country		Supervisor's Phone ()
Property Affiliations (chains, referral groups, management companies)			Property/Company Size	

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.
- 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): Yes No

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 _____

Cardholder Signature _____ Print Name _____

SECTION 4 – THE CFBE EXAMINATION

If you plan to take your exam at a test site or through a review class, 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 classes and test sites.

TEST SITE 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. (Relatives cannot be accepted as proctors.) 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: paper-based exam online exam

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.

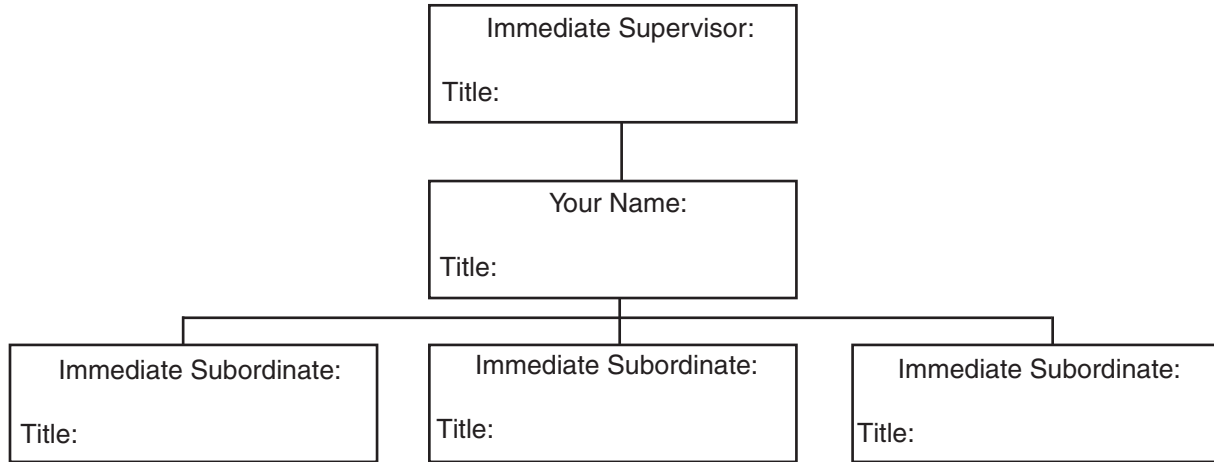
Signature: _____ Date: _____

Print Name: _____

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

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 "How to Apply."



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: _____





CFBE[®] 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**.

(Note: EI's Certification Department will not accept verification statements from relatives of potential certification candidates.)

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 may 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:

PLEASE SEND THIS COMPLETED FORM TO:
American Hotel & Lodging Educational Institute
Professional Certification Department
800 N. Magnolia Ave., Suite 300, Orlando, FL 32803
Phone: 407-999-8100 • Fax: 407-999-8610 or 407-236-7848
E-mail: certification@ahla.com

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 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*.** (Include transcript or copy of diploma if applicable).

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: executive-level manager or food and beverage director in hotel food and beverage administration, general manager of a freestanding restaurant facility, executive chef.

**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 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: _____

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. current job descriptions, 3. current 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.

The CFBE Recommendation and Employment Verification Form should be completed by your immediate supervisor or the appropriate corporate representative and returned to the Educational Institute. If your immediate supervisor or corporate representative is a relative, we will accept a designated CHA or CFBE as a reference.

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 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:

- CFBE 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 1-800-752-4567 for ordering information.

Exam Options

You can take the certification exam either at a certification test site or on your own, through an approved proctor.

- *CFBE Review Sessions:* These give you the opportunity to participate in an informally led review workshop. Call the Professional Certification Department for a list of the review classes currently scheduled or visit our web site at www.ahlei.org/certificalendar (Note: Test sessions may be cancelled or postponed due to low enrollment. There may be a nominal fee paid to the sponsor for attending a test site program.)

Proctored exams require you to arrange for a proctor to administer the certification exam to you. An approved proctor may be a CHA 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 at completing the examination requirement, candidates will be provided two additional opportunities to complete the requirement. For each retake, a fee of US \$25.00 will be charged and must be paid prior to the examination being sent. If a successful score is not achieved after three attempts, the enrollment will be discontinued and the individual will be required to wait one year before reapplying.

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.

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 \$100*.)

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 fax 407-999-8610 or 407-236-7848.