



CERTIFIED HOSPITALITY ADMINISTRATOR (CHA) RECERTIFICATION APPLICATION

PROFESSIONAL INFORMATION

Please provide the stated information so your maintenance documentation can be processed in an effective manner.

Name: _____

Title: _____

Address: _____

City, State, and Postal Code: _____

Telephone Number: _____ Fax Number: _____

Email: _____

FOR OFFICE USE ONLY: Date: _____

Candidate Number: _____

RECERTIFICATION AGREEMENT

By submitting this CHA Recertification Application, I acknowledge that all supporting maintenance documentation provided is true and accurate. If the maintenance activities listed on the CHA Maintenance Activity Report or the supporting verification documents are falsified in any fashion, I understand that this will result in the revocation of my CHA designation.

I have attached all necessary documents and submitted the CHA recertification fee as prescribed by the Professional Certification Department. Upon acceptance of this application and the recertification fee by the Educational Institute, and upon being recertified as a CHA, I agree to uphold the standards and integrity of the program by continuing to maintain my designation through industry-related professional involvement, continuing education, and educational service activities.

Signature: _____ Date: _____

RECERTIFICATION AGREEMENT

FEES: The CHA recertification fee is U.S. \$200.00. Your check, money order, or credit card information must accompany this completed application.

PAYMENT: My check or money order is enclosed. Made payable to the Educational Institute (in U.S. funds drawn on a U.S. Bank.)

Please bill my credit card:

<input type="checkbox"/>	VISA	<input type="checkbox"/>	MasterCard
<input type="checkbox"/>	American Express	<input type="checkbox"/>	Diners Club
<input type="checkbox"/>	Discover		

Account Number: _____ Expiration Date: _____

Signature: _____

Print Name: _____

CHA Maintenance Activity Report

This important report will be used as the basis for the certification renewal by the Certification Commission, along with your supporting documentation. Please complete it carefully and thoroughly. If more space is needed, please attach additional sheet(s).

Name _____

Maintenance Enrollment Date _____ CHA expiration date _____

MAINTENANCE REQUIREMENT: A minimum of 60 points within FIVE years of the CHA Maintenance Enrollment Date. Refer to the detailed CHA Maintenance Point System for activity point values.

(Please print)

CATEGORY 1: Professional Experience (18 points minimum/30 points maximum)

<input checked="" type="checkbox"/> Required documentation attached	Total years/months	Points earned
<input type="checkbox"/> 1. Place of employment _____ Dates _____ Position _____	_____	_____
<input type="checkbox"/> 2. Place of employment _____ Dates _____ Position _____	_____	_____
<input type="checkbox"/> 3. Place of employment _____ Dates _____ Position _____	_____	_____
<input type="checkbox"/> 4. Place of employment _____ Dates _____ Position _____	_____	_____
<input type="checkbox"/> 5. Place of employment _____ Dates _____ Position _____	_____	_____

Total years/points earned in Professional Experience: _____

CATEGORY 2: Continuing Education(5 points minimum/25 points maximum)

<input checked="" type="checkbox"/> Required documentation attached	Program length	Dates	Points earned
<input type="checkbox"/> 1. Course/Seminar _____ Sponsored by _____	_____	_____	_____
<input type="checkbox"/> 2. Course/Seminar _____ Sponsored by _____	_____	_____	_____
<input type="checkbox"/> 3. Course/Seminar _____ Sponsored by _____	_____	_____	_____
<input type="checkbox"/> 4. Course/Seminar _____ Sponsored by _____	_____	_____	_____
<input type="checkbox"/> 5. Course/Seminar _____ Sponsored by _____	_____	_____	_____

Total points earned in Continuing Education: _____

Subtotal of points for Categories 1&2 _____



CATEGORY 3: Industry-Related Professional Involvement (4 points minimum/25 point maximum)

Required documentation attached

- 6. Association/Organization _____
Role/Involvement _____ Dates _____ Points earned _____
- 7. Association/Organization _____
Role/Involvement _____ Dates _____ Points earned _____
- 8. Association/Organization _____
Role/Involvement _____ Dates _____ Points earned _____
- 9. Association/Organization _____
Role/Involvement _____ Dates _____ Points earned _____
- 10. Association/Organization _____
Role/Involvement _____ Dates _____ Points earned _____

Total points earned in Educational Service: _____

CATEGORY 4: Educational Service (no minimum/20 points maximum)

Required documentation attached

- 1. Activity _____
Organization _____ Dates _____ Points earned _____
- 2. Activity _____
Organization _____ Dates _____ Points earned _____
- 3. Activity _____
Organization _____ Dates _____ Points earned _____
- 4. Activity _____
Organization _____ Dates _____ Points earned _____
- 5. Activity _____
Organization _____ Dates _____ Points earned _____

**Total points earned in Industry
Related Professional Involvement:** _____

I hereby acknowledge that the stated activities and attached supporting documents are valid and represent my commitment to the hospitality industry. I also understand that my misrepresentation or falsification of these activities and documents could lead to the denial or revocation of the Certified Hotel Administrator (CHA) designation.

Signature _____ Date _____

Please print your name as you would like it to appear on your certificate:

First _____ Middle _____ Last _____
 Title _____ Employer _____
 Address _____
 City _____ State _____
 Country _____ Postal Code _____
 Business Phone _____ Home Phone _____
 Fax _____

Subtotal of points from Categories 3&4 _____

Subtotal of points from Categories 1&2 _____

CHA Maintenance Point Total:

(A minimum of 60 points is required for renewal.)

FOR OFFICE USE ONLY
 Approval point total _____
 Authorized by _____
 A/D date _____

CHA MAINTENANCE POINT SYSTEM

This chart explains the variety of activities that qualify for renewal points within the four CHA maintenance categories. Notice that there are different point values for different activities.

In order to maintain your CHA status, you need only earn 60 points every five years.
You will want to refer to this sheet as you fill out the CHA Maintenance Activity Report and tally up the maintenance points you earn.

CATEGORY	ACTIVITY	POINTS	SPECIFICS	DOCUMENTATION*
1. PROFESSIONAL EXPERIENCE** (Minimum 18 points/ maximum 30 points)	Full-time employment	6 points per year (one-half point per month)	Must be in a qualifying position (general manager, owner/operator, or corporate executive within a lodging hospitality company; 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, food and beverage, human resources, or engineering)	Statement of employment verification from personnel or human resources official
2. CONTINUING EDUCATION (Minimum 5 points/ maximum 25 points)	Completion of graduate or undergraduate course	5 points per course	Must pass course	Copy of transcript or grade report indicating passing grade
	Completion of EI Independent Study course or the Hospitality Management Skill Builders program	5 points per course	Must pass course	Copy of transcript or EI certificate indicating passing grade
	Completion of 3-day or longer professional development seminar/workshop	3 points per seminar or workshop	Minimum of 20 contact hours. (Must be an event sponsored by your company; EI; a national, state, or affiliated professional association; an accredited institution or an industry-related organization)	Statement of verification, specifying total contact hours
	Completion of Schneider Electric's Energy University™ course	2 points per course	Must pass course	Copy of grade report of certificate
	Completion of 1- or 2-day professional development seminar/workshop	2 points per seminar or workshop	Minimum of 6 contact hours. (Must be an event sponsored by your company; EI; a national, state, or affiliated professional association; an accredited institution or an industry-related organization)	Statement of verification, specifying total contact hours
	Completion of 1/2-day professional development seminar/workshop	1 point per seminar or workshop	Minimum of 3 contact hours. Can be a series of shorter seminars over time which collectively equal to 3 contact hours or more. (Must be an event sponsored by your company; EI; a national, state, or affiliated professional association; an accredited institution; or an industry-related organization)	Statement of verification, specifying total contact hours

* DOCUMENTATION: A wide variety of documentation items will be accepted. Examples include – but are not limited to – CHA Activity Verification Forms initialed by an appropriate official; receipts; brochures that list you as a speaker or panelist; newspaper clippings in which your activities are featured; etc.

** CATEGORY 1: For qualifying educators – full-time employment within a hospitality education department in an accredited institution will substitute for a qualifying industry position.



CATEGORY	ACTIVITY	POINTS	SPECIFICS	DOCUMENTATION [†]
<p>3. INDUSTRY-RELATED PROFESSIONAL INVOLVEMENT</p> <p>(Minimum 4 points/ maximum 25 points)</p>	<p>A professional certification designation</p> <p>Association board member or officer</p> <p>Association committee member</p> <p>Board member, officer, or committee member for an allied and/or industry-related organization</p> <p>Attendance at a national, state, or affiliated professional association trade show, conference, or convention</p> <p>Community service official, committee member, or industry advisor to a hospitality education program</p> <p>Member of an industry-related professional association</p>	<p>5 points per designation</p> <p>5 points per year in office</p> <p>4 points per year in office</p> <p>2 points per year in office</p> <p>1 point per year for each show, conference, or convention</p> <p>1 point per year for each activity</p> <p>1/2 point per year of membership</p>	<p>Any acceptable professionally affiliated association</p> <p>National, state, or affiliated professional association</p> <p>National, state, or affiliated professional association</p> <p>Organization must have a direct link with your qualifying position</p> <p>National, state, or affiliated professional association sponsored event only</p> <p>Activity must require industry-related expertise</p> <p>Membership must be in a professional association and not a social association</p>	<p>Statement of verification by association official</p> <p>Statement of verification by association executive or board chairman/president</p> <p>Statement of verification by association executive or board chairman/president</p> <p>Statement of verification by organization official</p> <p>Statement of verification, specifying sponsor, date of activity, and location</p> <p>Statement of verification, specifying sponsor, date(s) of activity, and statement of expertise</p> <p>Copy of membership card or certificate or a statement from an executive of the professional association</p>
<p>4. (Optional) EDUCATIONAL SERVICE[†]</p> <p>(No minimum requirement/maximum 20 points)</p>	<p>Author of book</p> <p>Author of chapter(s) for book</p> <p>Instructor of a course in a hospitality institution or EI group study program[†]</p> <p>Instructor for industry training completed outside the normal job responsibility</p> <p>Author of article</p> <p>Presentation for a national, state, or affiliated professional association event or for a hospitality industry-related event</p> <p>Panelist or guest speaker for an educational institution or hospitality industry-related event</p>	<p>20 points per book</p> <p>10 points per book</p> <p>8 points per course (minimum of 30-45 contact hours of instruction)</p> <p>7 points per 45 contact hours of instruction</p> <p>7 points per article, minimum of 500 words</p> <p>4 points per presentation</p> <p>2 points per panel/presentation</p>	<p>Author or co-author</p> <p>Author or co-author</p> <p>An accredited institution or approved EI program</p> <p>Industry-related group training</p> <p>Published in a recognized hospitality/tourism trade magazine or professional journal</p> <p>Presentation activity of at least 30 minutes duration</p> <p>Panel participation or presentation of at least 50 minutes duration</p>	<p>Copies of book's cover and publisher page</p> <p>Copy of book's cover page, publisher page, and chapter cover page</p> <p>Statement of employment verification specifying course title(s)</p> <p>Statement of industry verifications specifying type of group training</p> <p>Copy of the published article</p> <p>Verification statement specifying sponsor, topic, title, and time length of presentation</p> <p>Verification statement specifying educational institution, sponsor, topic, title, and time length of panel discussion or presentation</p>

[†] CATEGORY 4: Full-time hospitality educators are not eligible for maintenance points under this category. However, full-time hospitality educators can gain 2 points in category 4 for every 30 days of employment in a management or supervisory position for a lodging property if the employment occurred during the maintenance period.

ACTIVITY VERIFICATION COPY MASTER

This sheet may be photocopied and used to verify activities for which you do not have other printed forms of documentation. It can also be used as a cover sheet for support materials that might need further clarification. Simply make as many copies as you need. We recommend that you keep your completed forms in the pocket Portfolio.



CATEGORY: _____

DESIGNATION: _____

ACTIVITY VERIFICATION FORM

Name of designee _____

Activity _____

Length of time (if applicable) _____ Points _____

I acknowledge that the above named individual participated in the activity described.

Authorizing Signature _____ Date _____

Title _____ Organization _____

07-02774



CATEGORY: _____

DESIGNATION: _____

ACTIVITY VERIFICATION FORM

Name of designee _____

Activity _____

Length of time (if applicable) _____ Points _____

I acknowledge that the above named individual participated in the activity described.

Authorizing Signature _____ Date _____

Title _____ Organization _____

07-02774

