



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

I have attached all necessary documents and submitted the CHM 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 CHM, 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 CHM recertification fee is U.S. \$100.00. 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: \_\_\_\_\_



# CHM 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 \_\_\_\_\_ CHM expiration date \_\_\_\_\_

**MAINTENANCE REQUIREMENT: A minimum of 40 points within FIVE years of the CHM Maintenance Enrollment Date. Refer to the detailed CHM Maintenance Point System for activity point values.**

*(Please print)*

## CATEGORY 1: Professional Experience (12 points minimum/20 points maximum)

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

**Total years/points earned in Professional Experience:** \_\_\_\_\_

## CATEGORY 2: Professional Enrichment (20 points minimum)

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

**Total points earned in Continuing Education:** \_\_\_\_\_

**Subtotal of points for Categories 1&2** \_\_\_\_\_



**CATEGORY 2: Professional Enrichment cont. (20 points minimum)**

**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 Industry-Related Professional Involvement:** \_\_\_\_\_

**CATEGORY 3: Professional Achievement (8 points maximum) (optional)**

**Required documentation attached**

1. Award \_\_\_\_\_  
 Property \_\_\_\_\_ Department \_\_\_\_\_ Individual \_\_\_\_\_ Dates \_\_\_\_\_ Points earned \_\_\_\_\_

2. Award \_\_\_\_\_  
 Property \_\_\_\_\_ Department \_\_\_\_\_ Individual \_\_\_\_\_ Dates \_\_\_\_\_ Points earned \_\_\_\_\_

3. Award \_\_\_\_\_  
 Property \_\_\_\_\_ Department \_\_\_\_\_ Individual \_\_\_\_\_ Dates \_\_\_\_\_ Points earned \_\_\_\_\_

4. Award \_\_\_\_\_  
 Property \_\_\_\_\_ Department \_\_\_\_\_ Individual \_\_\_\_\_ Dates \_\_\_\_\_ Points earned \_\_\_\_\_

5. Award \_\_\_\_\_  
 Property \_\_\_\_\_ Department \_\_\_\_\_ Individual \_\_\_\_\_ Dates \_\_\_\_\_ Points earned \_\_\_\_\_

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 Housekeeping Manager (CHM) 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 \_\_\_\_\_

**Total points earned in Educational Service:** \_\_\_\_\_

**Subtotal of points from Category 3** \_\_\_\_\_

**Subtotal of points from Categories 1&2** \_\_\_\_\_

**CHM Maintenance Point Total:**

(A minimum of 40 points is required for renewal.)

**FOR OFFICE USE ONLY**

Approval point total \_\_\_\_\_

Authorized by \_\_\_\_\_

A/D date \_\_\_\_\_

# CHM Maintenance Point System

This chart explains the variety of activities that qualify for renewal points. Notice that there are different point values for different activities. **In order to maintain your CHM status, you will need only to earn 40 points every five years.**

## CATEGORY: PROFESSIONAL EXPERIENCE (12 points minimum/20 points maximum)

ACTIVITY	POINTS	SPECIFICS	DOCUMENTATION
Full-time employment in qualifying designation position	4	per year	Statement of employment verification from human resource official

## CATEGORY: PROFESSIONAL ENRICHMENT (20 points minimum)

ACTIVITY	POINTS	SPECIFICS	DOCUMENTATION
EI short courses	2 per	pass	Copy of grade report or certificate
Brand short courses	1 per	pass	Completion certificate
Academic courses (semester)	5 per	pass	Copy of grade report
Professional seminars	1 per	1 hour minimum	Third-party verification statement
AHLA member	1	per year	Statement of verification/copy of official enrollment
Allied Association member	½	per year	Statement of verification
Association board member; committee member	1	per year	Statement of verification from Association
Attendance at AHLA national, state or affiliated Association trade show, conference or convention	1	per year	Statement of verification; copy of conference badge with date and location
Participate in career day program for an educational or industry-related event	1	per event	Statement of verification specifying sponsor and date of program
Community service official committee member or industry advisor to a hospitality program	1	per year	Statement of verification specifying sponsor, date and statement of activity

## CATEGORY: PROFESSIONAL ACHIEVEMENT (8 points maximum) (optional)

ACTIVITY	POINTS	SPECIFICS	DOCUMENTATION
Property award	1	per year	Press release or statement of verification
Department award	2	per year	Press release or statement of verification
Individual award	3	per year	Copy of recognition letter or award documentation



# 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 of the Maintenance 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 \_\_\_\_\_

05-02398



## 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 \_\_\_\_\_

05-02398