



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

I have attached all necessary documents and submitted the CLM 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 CLM, 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 PAYMENT

**FEES:** The CLM 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: \_\_\_\_\_



# CLM 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 \_\_\_\_\_ CLM expiration date \_\_\_\_\_

**MAINTENANCE REQUIREMENT: A minimum of 50 points within FIVE years of the CLM Maintenance Enrollment Date. Refer to the detailed CFBE Maintenance Point System for activity point values.**

*(Please print)*

## CATEGORY 1: Professional Experience (15points minimum/25 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 (5 points minimum/20 points 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/15 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 Lodging Manager (CLM) 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** \_\_\_\_\_

**CLM Maintenance Point Total:**

**(A minimum of 50 points is required for renewal.)**

**FOR OFFICE USE ONLY**

Approval point total \_\_\_\_\_  
 Authorized by \_\_\_\_\_  
 A/D date \_\_\_\_\_

# CLM MAINTENANCE POINT SYSTEM

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

**In order to maintain your CLM status, you need only earn 50 points every five years.** You will want to refer to this sheet as you fill out the CLM Maintenance Activity Report and tally up the maintenance points you earn.

CATEGORY	ACTIVITY	POINTS	SPECIFICS	DOCUMENTATION*
<b>1. PROFESSIONAL EXPERIENCE</b> (Minimum 15 points/ maximum 25 points)	Full-time employment	5 points per year (percentage points based on months worked)	Designees must be in a qualifying position as the general manager or owner/operator of at least a limited service property.	A statement of employment verification from personnel or human resources official
	Completion of graduate or undergraduate course from an accredited institution  Completion of EI course  Completion of Schneider Electric's Energy University™ course  Completion of a professional development seminar/workshop	5 points per course  5 points per course  2 points per course  1 point per 3 contact hours for attending a seminar or workshop	Must pass course  Must pass course  Must pass course  Program must be an event sponsored by your company, the Educational Institute, an AH&LA national, state, or affiliated association; an accredited institution; or an industry-related professional organization. Programs conducted by private companies specializing in business management seminars and workshops are acceptable if the topic is relevant to the designees responsibilities and duties.	Copy of transcript or grade report indicating passing grade  Copy of transcript or EI certificate indicating passing grade  Copy of grade report of certificate  Statement of verification from official third party, specifying total contact hours
<b>2. CONTINUING EDUCATION</b> (Minimum 5 points/ maximum 25 points)				

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



CATEGORY	ACTIVITY	POINTS	SPECIFICS	DOCUMENTATION*
<p><b>3. INDUSTRY-RELATED PROFESSIONAL INVOLVEMENT</b> (Minimum 5 points/maximum 20 points)</p>	<p>A professional certification designation Association board member or officer Association committee member Board member, officer, or committee member for an allied and/or industry-related organization Attendance at AH&amp;LA national, state, or affiliated association trade show, conference, or convention Community service official, committee member, or industry advisor to a hospitality education program Participant in a career day program for an educational or industry-related event Member of an industry-related professional association Author of book or chapter(s) for book</p>	<p>5 points per designation 5 points per year in office 4 points per year in office 2 points per year in office 1 point per year for each show, conference, or convention 1 point per year for each activity 1 point per year per event 1/2 point per year of membership 15 points per book/10 points per book section</p>	<p>Any acceptable professionally affiliated association AH&amp;LA national, state, or affiliated association National, state, or affiliated professional association Organization must have a direct link with your qualifying position AH&amp;LA—sponsored event only Activity must require industry-related expertise 2-hour program minimum Membership must be in a professional, not social, association Author or co-author An accredited institution or approved organization Industry-related group training Published in a hospitality/tourism trade magazine or professional journal Presentation activity of at least 30 minutes duration Panel participation of at least 50 minutes duration Presentation activity of at least 50 minutes duration</p>	<p>Statement of verification by association official Statement of verification by association executive or board chairman/president Statement of verification by association executive or board chairman/president Statement of verification by organization official Statement of verification, specifying sponsor, date of activity, and location Statement of verification, specifying sponsor, date(s) of activity, and statement of expertise Statement of verification, specifying length of participation, sponsor, date(s) of program and time Copy of membership card or certificate or a statement from an executive of the professional association Copies of book's cover page, and publisher page, and chapter coverage Statement of employment verification specifying course title(s) Statement of industry verifications specifying type of group training Copy of the published article Verification statement specifying sponsor, topic, title, length of presentation, and copy of flyer or program Verification statement specifying sponsor, topic, title, and time length of panel Verification statement specifying educational institution, sponsor, topic, title, and time length of presentation</p>
<p><b>4. (Optional) EDUCATIONAL SERVICE*</b> (No minimum requirement/maximum 15 points)</p>	<p>Instructor of a course in a hospitality educational institution or organization Instructor for industry training completed outside the normal job responsibility Author of article Presentation for AH&amp;LA national, state, or affiliated association event or for a hospitality industry-related event Panelist for an educational institution or hospitality industry-related event Guest lecturer for an educational institution</p>	<p>8 points per course (minimum of 30 contact hours of instruction) 7 points per 30 contact hours of instruction 4 points per article, (minimum of 500 words) 3 points per presentation 2 points per panel 2 points per presentation</p>	<p>An accredited institution or approved organization Industry-related group training Published in a hospitality/tourism trade magazine or professional journal Presentation activity of at least 30 minutes duration Panel participation of at least 50 minutes duration Presentation activity of at least 50 minutes duration</p>	<p>Statement of employment verification specifying course title(s) Statement of industry verifications specifying type of group training Copy of the published article Verification statement specifying sponsor, topic, title, length of presentation, and copy of flyer or program Verification statement specifying sponsor, topic, title, and time length of panel Verification statement specifying educational institution, sponsor, topic, title, and time length of 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, supervisory, or consulting 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