



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

I have attached all necessary documents and submitted the CLSD 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 CLSD, 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 CLSD 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: _____

CLSD 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 _____ CLSD expiration date _____

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

(Please print)

CATEGORY 1: Professional Experience (15 points minimum/25 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	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 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 (12 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 Lodging Security Director (CLSD) 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 _____

CLSD Maintenance Point Total:

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

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Approval point total _____

Authorized by _____

A/D date _____

CLSD 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 CLSD status, you will need only to earn 50 points every five years.**

CATEGORY: PROFESSIONAL EXPERIENCE (15 points minimum/25 points maximum)

ACTIVITY	POINTS	SPECIFICS	DOCUMENTATION
Full-time employment in qualifying designation position	5	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	3 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 (12 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 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 _____

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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