



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

I have attached all necessary documents and submitted the CMHS 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 CMHS, 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 CMHS 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: \_\_\_\_\_

# CMHS 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 \_\_\_\_\_ CMHS expiration date \_\_\_\_\_

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

*(Please print)*

## CATEGORY 1: Professional Experience (10 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 (10 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. (10 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 Master Hotel Supplier (CMHS) 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** \_\_\_\_\_

**CMHS Maintenance Point Total:**

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

**FOR OFFICE USE ONLY**

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

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

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

# CMHS MAINTENANCE POINT SYSTEM

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

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

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

<sup>†</sup> 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.



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 \_\_\_\_\_

11-03934



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 \_\_\_\_\_

11-03934

CATEGORY: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

## ACTIVITY VERIFICATION FORM

CATEGORY: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

## ACTIVITY VERIFICATION FORM