



CHFE APPLICATION FORM

Certified Hospitality Facilities Executive

Ref Code:

APPLICATION CHECKLIST

Have you included the following required documents?

- Completed CHFE application form
- Current Resume
- Job Description
- Employment Verification Form (signed by your immediate supervisor)
- Payment
- Copy of diploma or transcripts/AHLEI certification (if applicable)

SECTION 1

Check the plan that applies to you and be sure to read each eligibility requirement carefully. You must satisfy all requirements to be accepted under the plan you select.

Candidate time in position: 1-year, OR

- One current AHLEI *management, department head, or executive* certification takes 6 months off *time* requirement (limit 1)
- Degree from an accredited academic institution will take 6 months off *time* requirement (limit 1)

Qualifying position(s): Executive-level or management-level in engineering/facilities operations at a lodging hospitality company.

Please send all correspondence regarding the CHFE program to my:

- Home Address
- Business Address

SECTION 2

PERSONAL AND PROFESSIONAL DATA (Correspondence will be sent to your business address unless otherwise indicated.)

PRINT Name (Mr./Ms./Mrs. – First/Last/MI)		Birth Date (MM/DD/YYYY)	FOR OFFICE USE ONLY		
Home Mailing Address					Customer #
City/State or Province		Postal Code/Country			Payment/check #
Business Phone ()	Home Phone ()				Order #
Business E-mail		E-mail			

PRESENT POSITION		When did you begin? (month/year)
Company/Property		
Mailing Address		
City/State or Province		Postal Code/Country

Return application to: American Hotel & Lodging Educational Institute
Professional Certification Department
6751 Forum Dr., Suite 220, Orlando, FL 32821

For any questions: Phone: +1 407 999 8100 or 1 888 575 8726 | Fax: +1 407 999 8610 or +1 407 236 7848
E-mail: certification@ahlei.org

Please continue to Sections 3-5.

SECTION 3 – FEES/PAYMENT

The CHFE certification program fee is U.S. \$375 for employees of AHLA member properties in the U.S./Canada; U.S. \$500 for employees of non-AHLA member properties and all properties outside the U.S./Canada. If for some reason, you do not meet the requirements, your program fee will be returned in full. If for any reason you do not complete your certification within one year after acceptance into the program, your program fee is forfeited. Upon acceptance into the program, fees are non-refundable and non-transferable. (*Prices are subject to change without notice; State taxes may be applicable*).

This fee includes:

- Exam Preparation Material for the Certified Hospitality Facilities Executive program.
- Application and Exam Fee.
- Certificate, Lapel Pin and the CHFE Designation for candidates **who successfully pass the certification exam**.

At this time my property is a member of the American Hotel & Lodging Association (AHLA):

No Yes If yes, provide Member Number (if available): _____

My check or money order is enclosed, made payable in U.S. funds drawn on a U.S. bank to: **NRA Solutions**.

Please bill my credit card: Visa Mastercard American Express Discover Card

Account Number _____ CV2 Security Code _____ Expiration Date _____

Billing Address _____

Cardholder Signature _____ Print Name _____

SECTION 4 – THE CHFE EXAMINATION

To take the CHFE examination, we require you to arrange for a proctor to administer the exam to you. A proctor may be a CHA® or CHFE, a local educator, an AHLA member association/federation executive, human resources manager, direct supervisor, or a member of the clergy. (A relative or person with the same last name cannot be accepted as a proctor.) Please obtain consent from this individual *before* submitting their name. Your examination will be sent to your proctor upon your request, the proctor must be present when taking the exam. If you have not yet chosen a proctor, write in this field “will call when ready.”

Please select one: Online Exam (Results received immediately after completing online exam)

Paper-Based Exam (Allow more time for processing of results)

PROCTOR INFORMATION

Name (Mr./Ms./Mrs.)		Title
Organization		Business Phone ()
Address		Business Fax ()
City/State or Province	Postal Code/Country	E-mail

SECTION 5 – CERTIFICATION AGREEMENT

Please read the following Certification Agreement and sign and date it at the bottom. We **must** have your signature below to process your application.

The information I have provided is accurate. I understand that acceptance into the CHFE program is based on this application, any support materials I have enclosed, and a favorable recommendation from my reference. I give the American Hotel & Lodging Educational Institute (AHLEI) permission to thoroughly investigate my past employment, education, and professional development activities. I release from liability all persons and companies supplying such information. I indemnify all persons I have listed in this application against any liability which might result from such an investigation. If I am accepted as a CHFE candidate, **I will have one year to complete all program requirements**. If I do not complete the program within one year I will have to re-apply and submit all fees. I agree to hold AHLEI and its Certification Commission harmless from any and all liability in the event this application is rejected on the basis of the information furnished by me or third persons which would, in the judgment of AHLEI, make me ineligible for certification. I agree to accept the Certification Commission's decision as to my eligibility for this certification.

The CHFE program and fees associated with the program are non-refundable and non-transferable.

Signature: _____ Date: _____

Print Name: _____



CHFE RECOMMENDATION AND EMPLOYMENT VERIFICATION FORM

Certified Hospitality Facilities Executive

PLEASE TYPE OR PRINT CLEARLY.

The Certified Hospitality Facilities Executive (CHFE) designation recognizes those individuals who have demonstrated exemplary leadership and managerial abilities in a hospitality setting. Those who earn the CHFE are seen as highly competent, respected professionals who are knowledgeable in their positions.

Please complete the information below on behalf of the individual applying for certification. Acceptance into the CHFE program is contingent on verification of employment. The applicant has been directed to give this form to an **immediate supervisor or corporate representative**.

This information will be subject to verification through the corporate office.

(Note: AHLEI's Certification Department will not accept verification statements from a relative or person with the same last name.)

I verify that		(name)	
has been employed with		(property or company)	
in the position of		(title)	
for the period of	(month/year)	through	(month/year)
His/Her responsibilities include:			
Additional comments:			

Based on the applicant's experience and competence:

- I attest that the above information is true and understand that any misinformation provided affect the candidacy of stated CHFE applicant. I will, if called upon, answer any questions regarding the employment of the stated CHFE applicant.*

Signature:		Date:	
Your Name (Mr./Ms.):			
Title:		Property:	
Address:		City:	
State or Province:		Country:	Zip/Postal Code:
Business Telephone: ()		E-mail:	

THIS COMPLETED FORM MUST ACCOMPANY THE CHFE APPLICATION

Certified Hospitality Facilities Executive (CHFE) Program

When You Apply

Be sure to fill out this application completely to ensure it is processed quickly and correctly. All applications and supporting documentation become the property of the American Hotel & Lodging Educational Institute (AHLEI).

Eligibility and Your Candidacy Status

The Professional Certification Department will review your materials to determine your eligibility. You will receive written notification within three weeks of receipt of your application. Upon approval, you will become a candidate for professional certification.

If your application is not accepted, for any reason, you will be notified in writing. If you wish, you may appeal in writing to the Certification Commission Appeals Committee. Please submit your original application, all supporting documentation, and a letter outlining the reasons for reconsideration. The Committee will review your appeal and respond in writing.

Preparing for Your Exam

A number of optional resources are available to help you prepare for the CHFE comprehensive examination:

- *CHFE Exam Preparation Material:* Included with your enrollment, offers a thorough overview of the exam material, as well as practice questions.
- *AHLEI Products:* Other products on a variety of subjects are available for purchase through AHLEI. Call AHLEI at +1 407 999 8100 for ordering information, or visit www.ahlei.org.

Your Test Results

A passing score is 70 percent or better. Your exam results will be mailed directly to you, along with a written assessment.

The CHFE Exam Retake Policy

If a successful score is not achieved during the first attempt, candidates will be provided two additional opportunities within the one year enrollment period to complete the requirement. For each retake, a fee of US \$50.00* will be charged and must be paid prior to the examination being sent. If a successful score is not achieved after three attempts, the individual will then be able to re-apply and submit all fees in order to continue pursuing the certification.

For Candidates with Special Needs

The Certification Commission heartily supports the intent of the Americans with Disabilities Act (ADA) PL 101-334 §309(b)(3). The Commission will make a reasonable effort to provide candidates who have documented disabilities with the necessary aids and services that do not fundamentally alter the measurement of the skills or knowledge the CHFE Program is intended to test. Please direct specific questions regarding special accommodations to the Professional Certification Department at +1 407 999 8100 or 1 888 575 8726.

I request special examination assistance or a test modification during the examination due to a disability. With this application, I am including documentation of my disability in order to receive special accommodations.

Auxiliary aids and services can only be offered that do not fundamentally alter the measurement of skills or knowledge the examination is intended to test – Americans with Disabilities Act, Public Law 101-334 §309(b)(3)

Recertification:

Your Key to Ongoing Professional Growth

Every five years the Certification Commission will recertify you based on your continuing work experience and ongoing professional-development activities. Every time you fulfill the five-year recertification requirements, you will receive a new jeweled lapel pin – with additional jewels added to reflect your years of industry service – and a new certificate, signifying your continuing commitment to hospitality excellence. (The recertification fee is US \$200*.)