



CHS[®] APPLICATION FORM

Certified Hospitality Supervisor

Ref Code:

APPLICATION CHECKLIST

Have you included the following required documents?

- Completed CHS[®] application form
- Current Resume
- Job Description
- Employment Verification Form (signed by your immediate supervisor)
- Payment
- Copy of diploma or transcripts/AHLEI certification

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: 3 months, OR

- One current AHLEI supervisor, management, department head, or executive certification eliminates time requirement
- Completion of AHLEI's Supervisory Skill Builders series eliminates time requirement.
- Degree from an accredited academic institution eliminates time requirement

Qualifying position(s): Person who supervises two or more individuals; has job duties that are at least 20 percent supervisory in nature and include such tasks as scheduling, training, interviewing, disciplining, inspecting, and conducting performance reviews; makes decisions and judgment calls while performing daily duties; and has input on hiring and firing decisions within a department.

Please send all correspondence regarding the CHS[®] 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	FOR OFFICE USE ONLY		
Home Mailing Address					Customer #
City/State or Province		Postal Code/Country			Payment/check#
Business Phone ()	Home Phone ()				Order # Enrollment Date
Business E-mail ()		E-mail			

PRESENT POSITION		When did you begin? (month/year)	Job Responsibilities (Provide attachment)
Company/Property			
Mailing Address			Supervisor's Name
City/State or Province		Postal Code/Country	Supervisor's Phone ()
Property Affiliations (chains, referral groups, management companies; include brochure if possible)			Property/Company Size

SUPERVISORY SKILL BUILDERS COMPLETION ACKNOWLEDGEMENT STATEMENT

(Required only for Plan A - Applicants who complete the Supervisory Skill Builders option as their educational prerequisite.)

The applicant's manager must acknowledge below that the Supervisory Skill Builders series has been completed.

As this applicant's manager, I hereby acknowledge that _____ has completed the Supervisory Skill Builders program.

Manager _____ Title _____

Property/Company _____ Date _____

Please complete Sections 3-5 on the next page.

SECTION 3 – FEES/PAYMENT

The CHS® certification program fee is U.S. \$80 for employees of AH&LA member properties in the U.S./Canada; U.S. \$100 for employees of non-AH&LA 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 six months after acceptance into the program, your program fee is forfeited. Fees are non-refundable once candidate has received materials. (*Prices are subject to change without notice.*)

This fee includes:

- Application and Exam Fee.
- Certificate, Lapel Pin and the CHS® Designation for candidates **who successfully pass the certification exam.**

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

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: **Educational Institute.**

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

Account Number _____ Expiration Date _____

Cardholder Signature _____ Print Name _____

SECTION 4 – THE CHS® EXAMINATION

To take the CHS® examination, we require you to arrange for a proctor to administer the exam to you. A proctor may be a CHA® or CHS®, a hospitality educator, an AH&LA 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 his or her 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 CHS® 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 CHS® candidate, **I will have six months to complete all program requirements.** If I do not complete the program within six months 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.

Effective March 1, 2007, once approved and processed, Professional Certification records will be stored electronically.

Signature: _____ Date: _____

Print Name: _____

Return application to: American Hotel & Lodging Educational Institute

Professional Certification Department

800 N. Magnolia Ave., Suite 300, Orlando, FL 32803

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@ahla.com



CHS[®] RECOMMENDATION AND EMPLOYMENT VERIFICATION FORM

Certified Hospitality Supervisor

PLEASE TYPE OR PRINT CLEARLY.

The Certified Hospitality Supervisor (CHS[®]) designation recognizes those individuals who have demonstrated exemplary leadership and managerial abilities in a hospitality setting. Those who earn the CHS[®] 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 CHS[®] program is contingent on verification of employment. The applicant has been directed to give this form to an **immediate supervisor or corporate representative**.

(Note: AHLEI's Certification Department will not accept verification statements from relatives of potential certification candidates.)

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 may affect the candidacy of stated CHS[®] applicant. I will, if called upon, answer any questions regarding the employment of the stated CHS[®] 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 CHS[®] APPLICATION

Certified Hospitality Supervisor (CHS®) 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 CHS® comprehensive examination:

- *Supervisory Skill Builders*: Available for purchase through AHLEI. Call AHLEI at +1 407 999 8100 for ordering information, or visit www.ahlei.org.
- *AHLEI Products*: Other products on a variety of subjects are available for purchase through AHLEI.

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 CHS® Exam Retake Policy

If a successful score is not achieved during the first attempt at completing the examination requirement, candidates will be provided two additional opportunities to complete the requirement. For each retake, a fee of US \$25.00 will be charged and must be paid prior to the examination being sent. If a successful score is not achieved after three attempts, the enrollment will be discontinued and the individual will be required to wait one year before reapplying.

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 CHS® 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)