



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

I have attached all necessary documents and submitted the CHRM 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 CHRM, 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 CHRM recertification fee is U.S. \$100.00. 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: _____

CHRM 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 _____

Original certification date _____ Expiration date _____

MAINTENANCE REQUIREMENT: A minimum of 40 points within FIVE years of the CHRM Maintenance Enrollment Date.

Refer to the detailed CHRM Maintenance Point System for activity point values.

(Please print)

CATEGORY 1: Professional Experience (10 points minimum/20 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/15 points maximum)

<input checked="" type="checkbox"/> Required documentation attached		Program length	Dates	Points earned
<input type="checkbox"/> 1. Place of employment _____	_____	_____	_____	_____
Position _____	_____	_____	_____	_____
<input type="checkbox"/> 2. Place of employment _____	_____	_____	_____	_____
Position _____	_____	_____	_____	_____
<input type="checkbox"/> 3. Place of employment _____	_____	_____	_____	_____
Position _____	_____	_____	_____	_____
<input type="checkbox"/> 4. Place of employment _____	_____	_____	_____	_____
Position _____	_____	_____	_____	_____
<input type="checkbox"/> 5. Place of employment _____	_____	_____	_____	_____
Position _____	_____	_____	_____	_____
Total points earned in Continuing Education				_____
Subtotal of points for Categories 1&2				_____

(Attach an additional sheet if necessary).

CATEGORY 3: Industry-Related Professional Involvement (5 points minimum/15 points maximum)

Required documentation attached

- 1. Association/Organization _____
Role/Involvement _____ Dates _____ Points earned _____
- 2. Association/Organization _____
Role/Involvement _____ Dates _____ Points earned _____
- 3. Association/Organization _____
Role/Involvement _____ Dates _____ Points earned _____
- 4. Association/Organization _____
Role/Involvement _____ Dates _____ Points earned _____
- 5. Association/Organization _____
Role/Involvement _____ Dates _____ Points earned _____

Total points earned in Industry-Related Professional Involvement _____

CATEGORY 4: Educational Service (no minimum/10 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 Educational Service _____

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 Hospitality Revenue Management (CHRM) designation.

Signature _____ Date _____

Please print your name as you would like it to appear on your certificate:

Subtotal of points from Categories 3&4 _____

Subtotal of points from Categories 1&2 _____

CHRM Maintenance Point Total: _____

(A minimum of 40 points is required for renewal)

First Middle Last

Return to: Educational Institute
Professional Certification Department
800 N. Magnolia Ave., Suite 300, Orlando, FL 32803
Phone: 407-999-8100 or 888-575-8726 • Fax 407-999-8610 or 407-236-7848
E-mail: certification@ahla.com

RECERTIFICATION – Activity Verification Form



Event Name: _____

Location: _____ Date: _____

Session title: _____

Name of designee: _____

Phone #: _____ Email: _____

Certification Designation: _____ Length of time: _____ Points: _____

Designee: The *Activity Verification Form* is to be used for **recertification purpose only**. No sooner than one year from your certification expiration date, please mail this form with your completed recertification application to:

American Hotel & Lodging Educational Institute • 800 N. Magnolia Avenue, Suite 300 • Orlando, FL 32803
Attention: Professional Certification Department | www.ahlei.org | Phone 888-575-8726 • 407-999-8100

12-04220

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