The following recertification points are required within 5 years of the date you earned your designation:

DESIGNATION (circle one):

- **CHRM, CHSP**  40

--- 8 points per year  Full-time employment in your certification designation qualifying position. Provide your resume, and a statement of employment verification from personnel or human resources official.

--- 5 points per course  Successful completion of graduate/undergraduate course from an accredited institution. Provide a copy of transcript or grade report indicating you passed.

--- 5 points per course  Successful completion of an AHLEI Distance Learning course. Provide a copy of transcript or grade report indicating you passed.

--- 3 points per seminar  Completion of any industry related workshop/seminar. Provide a statement of verification.

--- 5 points per designation  A professional certification designation from an affiliated association. Provide an Activity Verification Form.

--- 5 points per year in office  Association board member or officer. Provide an Activity Verification Form by association executive or board chairman/president.

--- 4 points per year in office  Association committee member. Provide an Activity Verification Form by association executive or board chairman/president.

--- 1 point per year/membership  Active member of an industry-related professional association. Provide an Activity Verification Form by association executive or board chairman/president.

--- 2 points per year  Board member, officer, or committee member for an allied and/or industry-related organization. Provide an Activity Verification Form by organizational official.

--- 1 point per day attending  Attendance at a national, state, or affiliated professional association trade show, conference, or convention. Provide an Activity Verification Form specifying sponsor, date of activity, and location.

--- 4 points per presentation  Presentation/Panelist/Guest Speaker for a national, state, or affiliated professional hospitality industry-related event. Provide an Activity Verification Form specifying sponsor, topic, title, and time length of presentation.

--- TOTAL RECERTIFICATION MAINTENANCE POINTS

Signature: _____________________________

Name: _____________________________  Date: _____________________________

**Effective June 2015**