



EDUCATIONAL INSTITUTE  
American Hotel & Motel Association

# CERTIFIED ENGINEERING OPERATIONS EXECUTIVE (CEOE) 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: \_\_\_\_\_

FOR OFFICE USE ONE: Date: \_\_\_\_\_

Candidate Number: \_\_\_\_\_

## RECERTIFICATION AGREEMENT

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

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

# CEOE 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 \_\_\_\_\_ CEOE # \_\_\_\_\_

Maintenance Enrollment Date \_\_\_\_\_ CEOE expiration date \_\_\_\_\_

**MAINTENANCE REQUIREMENT:** A minimum of 50 points within FIVE years of the CEOE Maintenance Enrollment Date. Refer to the detailed CEOE Maintenance Point System for activity point values.

*(Please print)*

## CATEGORY 1: Professional Experience (15 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: Continuing Education (15 points minimum/30 points maximum)

<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 3: Quality Assurance Measures (5 points minimum/10 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 Educational Service: \_\_\_\_\_

**CATEGORY 4: Industry-Related Professional Involvement (no minimum/15 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 Industry Related Professional Involvement: \_\_\_\_\_

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 Engineering Operations Executive (CEOE) 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 \_\_\_\_\_

Subtotal of points from Categories 3&4 \_\_\_\_\_

Subtotal of points from Categories 1&2 \_\_\_\_\_

CEOE Maintenance Point Total:

(A minimum of 50 points is required for renewal)

**FOR OFFICE USE ONLY**

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

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

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

# CEOE MAINTENANCE POINT SYSTEM

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

**In order to maintain your CEOE status, you need only earn 50 points every five years.** You will want to refer to this sheet as you fill out the CEOE Maintenance Activity Report and tally up the maintenance points you earn.

CATEGORY	ACTIVITY	POINTS	SPECIFICS	DOCUMENTATION*
<b>1. PROFESSIONAL EXPERIENCE**</b> (Minimum 15 points/ maximum 25 points)	Full-time employment	5 points per year	Must be in a qualifying position as a director or chief of engineering/property operations at a lodging property or within a lodging hospitality company	Statement of employment verification from personnel or human resources official and a job description from each qualifying position held during the maintenance period.
<b>2. CONTINUING EDUCATION</b> (Minimum 15 points/ maximum 30 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 a professional development seminar or workshop or technical/engineering-related training program	1 point per 3 contact hours for attending a seminar, workshop, or training program	Must be an event sponsored by your company; a vendor; a public utility provider; a governmental organization or body; EI; a national, state, or affiliated professional association; an accredited institution, or an industry-related organization	Statement of verification, specifying total contact hours or a printed outline of the seminar topics and a receipt or proof of attendance (such as a certificate of completion)
	Obtaining a license or renewing a license in a technical area of engineering operations	5 points for each license obtained or renewal of an existing license	License must be related to duties associated with position in engineering operations	Copy of licensing document
	Earning a professional certification designation or retaining a certification designation through a recertification program	5 points for each certification designation earned or renewed	Designation must be related to duties associated with position in engineering operations	Copy of certification certificate

\* DOCUMENTATION: A wide variety of documentation items will be accepted. Examples include – but are not limited to – CEOE 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. QUALITY ASSURANCE MEASURES</b> (Minimum 5 points/ maximum 20 points)	Implementation and/or operation of preventive maintenance programs  Implementation and/or operation of safety/security programs  Implementation and/or supervision of energy conservation/management programs  Implementation and/or supervision of other quality assurance measures	2 points per program outline  2 points per program outline  2 points per program outline  2 points per program outline	Activities in this category may include operational program creation and implementation, current measures and programs in place that are being supervised by the individual in a qualifying position, or in-house educational programs that are developed by the individual in a qualifying position which enhance operational productivity and effectiveness. Examples include instructing an in-house program on energy management, participating in new employee orientation by demonstrating the effective use of fire safety equipment, working with utility companies in coordinating efforts to reduce energy consumption or waste. Additional examples have been provided as outlined in the sample Operational Program Outline Forms.	To earn maintenance points for any activity in this category, a written, one-page synopsis of activities instructed or supervised during the maintenance period must be provided. The outline must include a short description of the program, the goal of the action taken, and the results which occurred through the efforts taken. The document must be signed by the property general manager or an appropriate corporate executive. Specific questions can be forwarded to the Professional Certification Department of the Educational Institute by calling (407) 999-8190.
<b>4. INDUSTRY-RELATED PROFESSIONAL ENVIRONMENT<sup>†</sup> (Optional)</b> (Minimum 0 points/ maximum 15 points)	Association board member or officer  Association committee member  Attendance at a professionally affiliated association trade show, conference, or convention  Instructor of a course at a hospitality educational institution or through an industry organization  Author of an article  Guest lecturer, presenter, or panelist at an educational institute or for a hospitality industry-related event  Member of an industry-related professional association	5 points per year in office  4 points per year as a committee member  1 point per year of each show, conference, or convention  8 points per course (minimum 30 contact hours of instruction)  4 points per article, minimum of 500 words  2 points per panel discussion or presentation  1/2 point per year of membership	Any acceptable professionally affiliated association  Any acceptable professionally affiliated association  National, state, or professionally affiliated association sponsored event  The course or program must be conducted through an accredited institution or approved industry-related organization  Article must be published in a recognized industry trade periodical  Presentation must be at least 30 minutes in duration  Membership must be in a professional association and not a social organization	Statement of verification by association official  Statement of verification by association official  Statement of verification specifying sponsor, date(s) of activity, and location  Statement of verification from the administering body outlining course title, subjects, and length of course or program.  Copy of the published article  Statement of verification for sponsor specifying institution or organization, topic, title, and time length of panel discussion or presentation  Copy of membership card or certificate or statement from an executive of the professional association

<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 an engineering management, supervisory, or consulting 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 of the Maintenance Portfolio.



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

## ACTIVITY VERIFICATION FORM

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 \_\_\_\_\_



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

## ACTIVITY VERIFICATION FORM

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 \_\_\_\_\_