



EDUCATIONAL INSTITUTE
American Hotel & Motel Association

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

I have attached all necessary documents and submitted the CFBE 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 CFBE, 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 CFBE 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: VISA MasterCard
 American Express Diners Club
 Discover

Account Number: _____ Date: _____

CFBE 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 _____ CFBE # _____

Maintenance Enrollment Date _____ CFBE expiration date _____

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

(Please print)

CATEGORY 1: Professional Experience (15 points minimum/25 points maximum)

		Total years/months	Points earned
<input checked="" type="checkbox"/>	Required documentation attached		
<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 (10 points minimum/20 points maximum)

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



CATEGORY 3: Industry-Related Professional Involvement (5 points minimum/25 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/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 Educational Service: _____

Subtotal of points from Categories 3&4 _____

Subtotal of points from Categories 1&2 _____

CFBE Maintenance Point Total: _____

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 Food & Beverage Executive (CFBE) 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 _____

(A minimum of 50 points is required for renewal)

FOR OFFICE USE ONLY

Approval point total _____

Authorized by _____

A/D date _____

CFBE MAINTENANCE POINT SYSTEM

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

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

CATEGORY	ACTIVITY	POINTS	SPECIFICS	DOCUMENTATION*
1. PROFESSIONAL EXPERIENCE** (Minimum 15 points/ maximum 25 points)	Full-time employment	5 points per year (percentage points based on months worked)	Designees must be in a qualifying position as a food and beverage director, executive chef, restaurant general manager, or corporate executive responsible for food and beverage operations.	A statement of employment verification from personnel or human resources official and a job description from each qualifying position held during the maintenance period.
	2. CONTINUING EDUCATION (Minimum 10 points/ maximum 20 points)	Completion of graduate or undergraduate course from an accredited institution Completion of EI course Completion of a professional development seminar/workshop	5 points per course 5 points per course 1 point per 3 contact hours for attending a seminar or workshop	Must pass course Must pass course Program must be an event sponsored by your company; the Educational Institute; an AH&MA national, state, or affiliated association; an accredited institution; or an industry-related professional organization. Programs conducted by private companies specializing in business management seminars and workshops are acceptable if the topic is relevant to the designees' responsibilities and duties.

* DOCUMENTATION: A wide variety of documentation items will be accepted. Examples include – but are not limited to – CFBE 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
3. INDUSTRY-RELATED PROFESSIONAL INVOLVEMENT (Minimum 5 points/ maximum 20 points)	A professional certification designation Association board member or officer Association committee member Board member, officer, or committee member for an allied and/or industry-related organization Attendance at AH&MA national, state, or affiliated association trade show, conference, or convention Community service official, committee member, or industry advisor to a hospitality education program Participant in a career day program for an educational or industry-related event Member of an industry-related professional association	5 points per designation 5 points per year in office 4 points per year in office 2 points per year in office 1 point per year for each show, conference, or convention 1 point per year for each activity 1 point per year per event 1/2 point per year of membership	Any acceptable professionally affiliated association AH&MA national, state, or affiliated association AH&MA national, state, or affiliated association Organization must have a direct link with your qualifying position AH&MA-sponsored event only Activity must require industry-related expertise 2-hour program minimum Membership must be in a professional, not social, association	Statement of verification by association official Statement of verification by association executive or board chairman/president Statement of verification by association executive or board chairman/president Statement of verification by organization official Statement of verification, specifying sponsor, date of activity, and location Statement of verification, specifying sponsor, date(s) of activity, and statement of expertise Statement of verification, specifying length of participation, sponsor, date(s) of program, and time Copy of membership card or statement from an executive of the association
4. (Optional) EDUCATIONAL SERVICE† (No minimum requirement/maximum 15 points)	Author of book or chapter(s) for book Instructor of a course in a hospitality educational institution or organization [†] Instructor for industry training completed outside the normal job responsibility Author of article Presentation for AH&MA national, state, or affiliated association event or for a hospitality industry-related event Panelist for an educational institution or hospitality industry-related event Guest lecturer for an educational institution	15 points per book/10 points per book section 8 points per course (minimum of 30 contact hours of instruction) 7 points per 30 contact hours of instruction 4 points per article, minimum of 500 words 3 points per presentation 2 points per panel 2 points per presentation	Author or co-author An accredited institution or approved organization Industry-related group training Published in a recognized hospitality/tourism trade magazine or professional journal Presentation activity of at least 30 minutes duration Panel participation of at least 50 minutes duration Presentation activity of at least 50 minutes duration	Copy of book's cover page, publisher page, and chapter cover page (if applicable) Statement of employment verification specifying course title(s) Statement of industry verifications specifying type of group training Copy of the published article Verification statement specifying sponsor, topic, title, time length of presentation, and copy of flyer or program Verification statement specifying sponsor, topic, title, and time length of panel Verification statement specifying educational institution, sponsor, topic, title, and time length of presentation

† 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 a food and beverage 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 _____

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