



CGS[®] APPLICATION FORM

Certified Gaming Supervisor

EDUCATIONAL INSTITUTE
American Hotel & Motel Association

HOW TO APPLY

- Complete Sections 1-5 as thoroughly and accurately as possible.
- Have your supervisor complete and return the attached Recommendation and Employment Verification Form.
- Sign and return your completed application, including an updated resume, the appropriate fee and, if possible, a job description and organizational chart.

SECTION 1

You may apply for certification under three different plans. Please check the plan that applies to you.

■ Requirements for Eligibility

I have completed the Supervisory Skill Builders Gaming series. My manager has signed the series-completion acknowledgment on the back of this form.

AND

I am employed as a qualifying supervisor* in the gaming industry, and I have served in 1 or more such positions for a minimum of 3 months.

AND

AND

I understand that if I am accepted in the CGS program, I have 1 year from the time I successfully complete the test to secure full-time employment as a qualified supervisor* in the gaming industry and to have held 1 or more such positions for a minimum of 3 months. Once I verify this experience through a letter from my employer(s), I will be awarded the CGS designation.

SECTION 2

PERSONAL AND PROFESSIONAL DATA (Information will be sent to your business address unless otherwise indicated.)

NAME (Mr./Ms.)		Social Security #	FOR OFFICE USE ONLY		
Home Mailing Address					Customer #
City/State or Province/Postal Code/Country					A/D Date
Business Phone ()	Home Phone ()				Payment Date
Business Fax #	Home Fax #				

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

SPECIAL ACCOMMODATIONS

The Commission supports the intent of the Americans with Disabilities Act (ADA). If you require special assistance during the certification examination, check the box below. Submit appropriate documentation substantiating your disability with this application. Call the Certification Department at (407) 999-8190 if you have any questions.

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)

Please complete Sections 3-5 on the other side.

SUPERVISORY SKILL BUILDERS GAMING COMPLETION ACKNOWLEDGEMENT STATEMENT

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

As this applicant's manager, I hereby acknowledge that _____ has completed the 9-workbook Supervisory Skill Builders for the Gaming Industry series

Manager _____ Title _____

Casino Property _____ Date _____

SECTION 3 FEES/PAYMENT

Enclosed is my payment: \$75 (Member of AHMA) \$85 (Non-member)

At this time, my property is a member of the American Hotel & Motel Association: Yes No

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 _____

Signature _____

SECTION 4 THE CGS EXAMINATION

A proctor is the person who will administer your examination. A proctor may be a CHA, a hospitality educator, a lodging association executive, direct supervisor, general manager, human resource director, or a member of the clergy. (Relatives cannot be accepted as proctors.) Please obtain consent from this individual *before* submitting his or her name; **your examination will be sent directly to your proctor.**

PROCTOR INFORMATION	
NAME (Mr./Ms.)	Title
Organization	Business Phone ()
Address	Fax#
City/State or Province/Postal Code/Country	

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 CGS program is based on this application, any support materials I have enclosed, and a favorable recommendation from my reference. I give the Educational Institute 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 CGS candidate, I will have one year to complete **all** program requirements. I agree to hold the Educational Institute 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 the Educational Institute, make me ineligible for certification. I agree to accept the Gaming Certification Commission's decision as to my eligibility for this certification.

Effective April 1, 1998, physical copies of professional certification records will be retained at the offices of the Educational Institute of AH&MA for sixty (60) days, after completion of the certification program, then discarded. Records will be stored electronically, and may be generated upon written request by the original applicant. To obtain original records prior to the 60 day limit, contact the Professional Certification Department.

Signature: _____ Date: _____

Return to: Educational Institute
Professional Certification Department
800 N. Magnolia Ave., Suite 1800, Orlando, FL 32803
Phone: (800) 999-8190 • Fax: (407) 236-7848
Email: cert@ei-ahma.org



EDUCATIONAL INSTITUTE
American Hotel & Motel Association

CGS[®] RECOMMENDATION AND EMPLOYMENT VERIFICATION FORM

Certified Gaming Supervisor

PLEASE TYPE OR PRINT CLEARLY.

The Certified Gaming Supervisor (CGS) designation recognizes those individuals who have demonstrated exemplary leadership and managerial abilities within a hospitality setting. Those who earn their CGS 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 gaming property executive.**

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

Detach along the perforated line and return to the Educational Institute.

I verify that _____
(name)

has been employed with _____
(property or company)

in the position of _____
(title)

for the period of _____ through _____
(month/year) (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 CGS applicant. I recommend this individual for the CGS program and verify that the candidate currently holds the position named on the CGS application. I will, if called upon, answer any questions regarding the employment of the stated CGS applicant.
- I do not recommend this person for acceptance as a CGS candidate.

Signature: _____ Date: _____

Your Name (Mr./Ms.): _____

Title: _____ Property: _____

Address: _____ City: _____

State or Province: _____ Country: _____ Postal Code: _____

Business Telephone: (_____) _____ Fax: _____

**PLEASE SEND THIS COMPLETED FORM TO:
EI Certification • 800 N. Magnolia Ave., Suite 1800, Orlando, FL 32803
Phone: (407) 999-8190 • Fax: (407) 236-7848**

Certified Gaming Supervisor (CGS®) Program

When You Apply

When you apply for certification, it is important that we receive an updated resume with your application. Copies of college transcripts, current and past job descriptions, organizational charts, and other supporting documents will help ensure that your application is processed quickly and correctly. All applications and supporting documentation become the property of the Educational Institute.

The CGS Recommendation and Employment Verification Form should be completed by your immediate supervisor or the appropriate corporate representative and returned to the Educational Institute. If your immediate supervisor or corporate representative is a relative, we will accept appropriate business or professional references as a substitute. This also applies if you have no corporate representative or supervisor who can verify employment.

Your Candidacy Status

The Certification Commission will review your materials to determine your eligibility. You will receive written notification within three weeks of receipt of your application. Upon Commission approval, you become a candidate for certification.

If your application is not accepted for any reason, you will be notified in writing and your application/examination fee (minus a \$50 processing fee) will be refunded. 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.

To Prepare for Your Exam

A number of optional resources are available to help you prepare for the CGS comprehensive examination:

- *Educational Institute textbooks and courses:* Textbooks and courses on a variety of subjects are available for purchase through the Educational Institute. Call the Educational Institute at (800) 349-0299 for ordering information.

Exam Options

You are required to sit for the CGS exam by arranging for a proctor to administer the certification exam to you. An approved proctor may be a CGA, a lodging association executive, a hospitality educator, direct supervisor, general manager, human resource manager, or a member of the clergy. A relative cannot act as your proctor.

Your Test Results

A passing score is 70 percent or better. To guarantee your privacy, **absolutely no scores will be given over the phone.** Your exam results will be mailed directly to you, along with a written assessment.

The CGS Exam Retake Policy

Candidates may retake their exam once at no additional charge. If the exam requirement is not completed on the second attempt, candidates must wait one year before reapplying. Because the certification program is frequently revised and updated, a new application should be submitted at that time, along with the specified fees.

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 CGS Program is intended to test. Please direct specific questions regarding special accommodations to the Professional Certification Department at (407) 999-8190.

Policy Questions?

We will be happy to answer any questions you might have. Call the Educational Institute's Professional Certification Department at (407) 999-8190 or fax (407) 236-7848.