



# CHDT<sup>®</sup> APPLICATION FORM

## Certified Hospitality Department Trainer

### HOW TO APPLY

- Complete Sections 2-5 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, the appropriate fee, a job description and an organizational chart.

## SECTION 1 — ELIGIBILITY REQUIREMENTS

- Be current
- *Highly Recommended:* Educational Institute Certified Hospitality Department Trainer study guide. (See back panel of application for more information on the CHDT study guide.)

### Plan A Eligibility - Education Emphasis

- I have completed the Educational Institute's CHDT Training in preparation for the CHDT exam.

#### AND

- I am employed full-time as a qualified department trainer\* in the hospitality industry and have held one or more such positions for minimum of three (3) months. Once EI verifies this experience through a verification letter from a candidate's employer(s), he/she will be eligible for the CHDT designation.

### Plan B Eligibility - Experience Emphasis

- I am employed full-time as a qualified department trainer\* in the hospitality industry and have served in one or more such positions for a minimum of six (6) months.

*\*A qualified front line department trainer is a person who is responsible for training individuals for functional skills; has job duties that are at least 20 percent training in nature and include such tasks as scheduling training and development decisions within a department for line-level staff.*

## SECTION 2 — PERSONAL AND PROFESSIONAL DATA (Information will be sent to your business address unless otherwise indicated.)

Name (Mr./Ms.)		Social Security #	<b>FOR OFFICE USE ONLY</b>		
Home Mailing Address					Customer #
City/State or Province/Postal Code/Country					A/D <span style="float: right;">Date</span>
Business Phone ( )	Home Phone ( )				Payment <span style="float: right;">Date</span>
Business Fax #	E-mail				

PRESENT POSITION TITLE		When did you begin? (month/year)	Job Responsibilities (Provide attachment)	
Company				
Mailing Address				
City/State or Province/Postal Code/Country			Supervisor's Name	
PREVIOUS POSITION		TITLE	When did you begin? (month/year)	Job Responsibilities (Provide attachment)
Company				
Mailing Address				
City/State or Province/Postal Code/Country				Supervisor's Name
City/State or Province/Postal Code/Country				Supervisor's Phone ( )

### 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 Professional Certification Department at (407) 999-8100, 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 reverse side.

### SECTION 3 – FEES/PAYMENT

The application/examination fee is U.S. \$50 AH&LA members; \$65 non-members. Your check, money order, or credit card information must accompany this application.

I wish to apply for the CHDT program and have included my application/examination fee of U.S. \$50 / \$65.

Total Amount Enclosed: \$ \_\_\_\_\_

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 \_\_\_\_\_

### SECTION 4 – THE CHDT EXAMINATION

If you plan to take your exam at a test site or through a class program, please provide the location and date below.

#### TEST SITE REGISTRATION

Location	Date of Test
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If you plan to take your examination through a proctor, please provide the necessary information below. A proctor is the person who will administer your examination. A proctor may be a CHA/CLM, a corporate executive, a direct supervisor, AH&LA federation/association executive, 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. Your examination will be sent **immediately** to your proctor once your application is approved. Once your proctor receives the exam you have 30 days to take the exam. If you need more time to study, write in this field "will call when ready."

#### PROCTOR INFORMATION

NAME (Mr./Ms.)	Title
Organization	Business Phone ( )
Address	Business Fax ( )
City/State or Province/Postal Code/Country	E-mail

### 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 CHDT 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 CHDT candidate, I will have six (6) months 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 judgement of the Educational Institute, make me ineligible for certification. I agree to accept the Certification Commission's decision as to my eligibility for this certification.

Effective July 1, 1997, physical copies of professional certification records will be retained at the offices of the Educational Institute of AH&LA for sixty (60) days, 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, 800 N. Magnolia Ave., Suite 1800, Orlando, FL 32803, or email: certification@ei-ahla.org

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Educational Institute, Professional Certification Department  
800 N. Magnolia Ave., Suite 1800, Orlando, FL 32803  
Phone: 407-999-8100 • Fax: 407-999-8610 or 407-236-7848  
E-mail: certification@ei-ahla.org



# CHDT<sup>®</sup> RECOMMENDATION AND EMPLOYMENT VERIFICATION FORM

## Certified Hospitality Department Trainer

PLEASE TYPE OR PRINT CLEARLY.

The Certified Hospitality Department Trainer (CHDT) designation recognizes those individuals who have demonstrated exemplary performance skills and abilities within the hospitality training arena. Those who earn the CHDT 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 CHDT program is contingent on verification of employment. The applicant has been directed to give this form to an immediate supervisor.

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

I verify that \_\_\_\_\_  
(name)  
has been employed with \_\_\_\_\_  
(property)  
in the position of \_\_\_\_\_  
(title)  
for the period of \_\_\_\_\_ through \_\_\_\_\_  
(month/year) (month/year)

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 CHDT applicant. I recommend this individual for the CHDT program and verify that the candidate currently holds a position as a department trainer. I will, if called upon, answer any questions regarding the employment of the stated CHDT applicant.
- I do not recommend this person for acceptance as a CHDT candidate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name (Mr./Ms.): \_\_\_\_\_

Title: \_\_\_\_\_ Property: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State or Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

PLEASE SEND THIS COMPLETED FORM TO:  
Professional Certification Department • 800 N. Magnolia Ave., Suite 1800, Orlando, FL 32803  
Phone: 407-999-8100 • Fax: 407-999-8610 or 407-236-7848

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



# Certified Hospitality Department Trainer

## CHDT®

CHDT is a competency based certification program that recognizes front line department trainers. Through a testing process, employees earn a designation which acknowledges competence in the duties they perform.

### Program Contents

Certified Hospitality Department Trainer uniquely integrates:

- Skill and Knowledge Training
- Performance Assessment and Testing
- Recognition and Achievement

Skill and knowledge training is the responsibility of property management and the participant. The Institute can provide training resources which will assist employees in the training and development process. An organization can also use its in-house training materials and programs to assist in the certification process.

Performance assessment and testing validates that training has occurred and that performance standards have been met. A competency assessment form is used in skill validation. Together with the written test, we strive to verify an employee's knowledge, application and performance of specified job duties.

Recognition and achievement provide the positive acknowledgement that the employee has attained a certain level of knowledge in the area of hospitality training. Successful completion of the program components is recognized with a certificate and a lapel pin.

### Eligibility Criteria/Passing Standard

To successfully earn a CHDT designation, a candidate/employee must complete the following program requirements:

- Be currently employed in the position of a front line department trainer and have a minimum of six (6) months experience in the position.
- *Highly Recommended:* Educational Institute Certified Hospitality Department Trainer study guide.
- Achieve a score of 75% or better on the Certified Hospitality Department Trainer written test, and receive an acceptable rating on 75% of the tasks outlined on the competency assessment form.
- If a successful score is not achieved during the first attempt at completing the examination requirement, candidates will be provided two additional opportunities to complete the requirement. For each retake, a fee of US \$15.00 will be charged and must be paid prior to the examination  will be required to wait one year before reapplying.

All materials submitted on behalf of the candidate are reviewed individually.

### CERTIFIED HOSPITALITY DEPARTMENT TRAINER PROGRAM ORDER FORM WORKSHEET

Product Code	Product Name	Quantity	Unit Price		Total
			Non-Member/AH&LA Member		
888 - English	Certified Hospitality Department Trainer Study Guide <i>* The CHDT study guide is a 8-chapter study guide which may be used to train line-level training personnel.</i>		\$59.95/\$49.95		
554A2 - English 554AS - Spanish 554AK - Korean	Train the Trainer: Preparing for Training-Video (includes Trainer's Checklist)		\$199.95/\$159.95		
554B2 - English 554BK - Korean	Train the Trainer: Leading Group Training - Video (includes Trainer's Checklist)		\$199.95/\$159.95		
554C2 - English 554CS - Spanish 554CK - Korean	Train the Trainer: Conducting One-on-One Training-Video (includes Trainer's Checklist)		\$199.95/\$159.95		
			Subtotal		
			Michigan and Florida Residents add 6% sales tax		
			In the U.S. and Canada, add 7% of subtotal for shipping/handling Outside the U.S. and Canada, add 25% of subtotal for shipping/handling		
			Total		

\* Call for information /ordering 800-752-4567.