

# Certified Hospitality Instructor (CHI®) Program



CHI signifies that the recipient has mastered the subject matter necessary to teach the essential knowledge and skills in the classroom. The CHI has successfully completed the Lodging Management "Summer Institute" Program that includes:

**Lodging Management Level I: Intro to Hospitality**

- Understanding the World of Hotels
- Hotel Organization
- Career Opportunities
- Rooms Division
- Engineering & Maintenance Division
- Security Division
- Marketing & Sales Division
- Management & Operation of Food Service
- Accounting Division

**Lodging Management Level II: Rooms Division**

- Quality Service
- Front Office Operations
- Reservations
- Registration
- Check-In & Out
- Front Office Audit
- Planning & Organizing Housekeeping Department
- Managing Inventories
- Guest Room Cleaning

**Lodging Management Level III: Leadership, Sales & Marketing, and Food & Beverage**

- Leadership & Management
- Developing a Marketing Plan
- Hotel Marketing
- Food & Beverage Marketing
- Menu Planning
- Event Preparation
- Function Room Set-up
- Food & Beverage Service

The recipient has completed 120 hours of Lodging Internship with a qualified lodging property and is employed as a Secondary School Hospitality Instructor.

# CHI® APPLICATION FORM Certified Hospitality Instructor



### HOW TO APPLY

- ◆ Complete Sections 1-4 as completely and accurately as possible.
- ◆ Have your employer sign the employer information section.
- ◆ Have your internship supervisor sign - Internship Verification form.
- ◆ Return completed application form along with copy of certificates from Lodging Summer Institute Level I, Level II, and Level III.

### SECTION 1 – ELIGIBILITY REQUIREMENTS

To successfully earn CHI a candidate must complete the following requirements:

- Successfully complete of all three levels of the Lodging Management Summer Institute Program.
- Submit copies of the certificates showing completion.
- Complete 120 hours of internship with a Lodging property.
- Be currently employed as a secondary school hospitality instructor.

### SECTION 2 PERSONAL DATA

Name (Mr./Ms./Mrs.)	Social Security #
Home Mailing Address	
City/State or Province	Postal Code/Country
Phone (       )	E-mail

FOR OFFICE USE ONLY	
Customer #	
A/D	Date
Payment	Date

### SCHOOL/EMPLOYER DATA

Name of Administrator	
Instructor Name	
School Address	
City/State or Province	Postal Code/Country
Phone (       )	

Candidate's Signature: \_\_\_\_\_

### SECTION 3 – CHI INTERNSHIP VERIFICATION

#### Internship sponsor:

Please complete the information below on behalf of the individual applying for CHI certification. Acceptance as a CHI Candidate is contingent on verification of completion of the internship program.

I verify that \_\_\_\_\_ has successfully completed 120 hours of internship with (name of property) \_\_\_\_\_ for the period of (month/year) \_\_\_\_\_ through (month/year) \_\_\_\_\_.

Signature: _____		Date: _____	
Your Name (Ms./Mr.): _____			
Title: _____		Property: _____	
Address: _____		City: _____	
State or Province: _____		Country: _____	
Zip/Postal Code: _____			
Business Phone: _____		Fax: _____	
E-mail: _____			

### SECTION 4 – 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 CHI program is based on this application, and any support materials I have enclosed. I give the Educational Institute permission to thoroughly investigate my supporting documents and education. 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. 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 August 1, 1998, physical copies of professional certification records will be retained at the offices of the Educational Institute of AH&LA 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 at the address below.

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



## EMPLOYMENT VERIFICATION FORM

### Certified Hospitality Instructor

PLEASE TYPE OR PRINT CLEARLY.

Please complete the information below on behalf of the individual applying for certification. Acceptance into the Certified Hospitality Instructor program is contingent on verification of employment in a qualifying position. The applicant has been directed to give this form to a supervisor or administrator.

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

I verify that _____ (name)	
has been employed with _____ (school)	
in the position of _____ (title)	
for the period of _____ (month/year)	through _____ (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 CHI applicant. I recommend this individual for the CHI program and verify that the candidate currently holds a qualifying position for at least 30 days. I will, if called upon, answer any questions regarding the employment of the stated CHI applicant.*
- I do not recommend this person for acceptance as a CHI candidate.*

Signature: _____		Date: _____
Your Name (Mr./Ms.): _____		
Title: _____		Property: _____
Address: _____		City: _____
State or Province: _____		Country: _____
Zip/Postal Code: _____		
Business Telephone: ( ) _____	Fax: ( ) _____	E-mail: _____

**PLEASE SEND THIS COMPLETED FORM 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**