



# CHS<sup>®</sup> APPLICATION FORM

## Certified Hospitality Supervisor

### HOW TO APPLY

- ◆ Complete Sections 1-5 as thoroughly and accurately as possible.
- ◆ Have your direct/immediate supervisor complete and return the attached Recommendation and Employment Verification Form.
- ◆ Sign and return your completed application, including an updated resume, the appropriate fee, a job description and organizational chart (see page 3 for organizational chart/resume form).

### SECTION 1

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

**Plan A Eligibility – Education Emphasis**

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

**OR**

I have completed the Educational Institute's Supervision in the Hospitality Industry course (#250) or Managing Hospitality Human Resources Management course (#357). A copy of my transcript or course certificate is attached to this application.

**AND**

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

**OR**

I understand that if I am accepted in the CHS program, I have six months from the time I successfully complete the CHS test to secure full-time employment as a qualified supervisor\* in the hospitality 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 CHS designation.

**Plan B Eligibility – Experience Emphasis**

I am currently employed full-time as a qualifying supervisor\* in the hospitality industry, and I have served in one or more such positions for a minimum of 9 months.

\* A qualifying supervisor is a person who supervises two or more individuals; has job duties that are at least 20% supervisory in nature and which include such tasks as scheduling, training, interviewing, disciplining, inspecting, and conducting performance reviews; makes decisions and judgement calls while performing daily duties; and has input on hiring and firing decisions within a department.

Please send all correspondence regarding the CHS program to my:

- Home Address  Business Address

### SECTION 2

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

NAME (Mr./Ms.)		Social Security #	Birth Date
Home Mailing Address			<b>FOR OFFICE USE ONLY</b>
City/State or Province		Postal Code/Country	
Business Phone ( )	Home Phone ( )	Payment Date	
Business Fax # ( )	e-mail		

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

### 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 other side.*

# SUPERVISORY SKILL BUILDERS COMPLETION ACKNOWLEDGEMENT STATEMENT

(Required only for Plan A - Applicants who complete the Supervisory Skill Builders option as their educational prerequisite.) The applicant's manager must acknowledge below that the Supervisory Skill Builders series has been completed.

As this applicant's manager, I hereby acknowledge that \_\_\_\_\_ has completed the 9-workbook Supervisory Skill Builders series.

Manager \_\_\_\_\_ Title \_\_\_\_\_

Property/Company \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 3 – FEES/PAYMENT

Enclosed is my payment:  \$75 (AH&LA-member properties)  \$85 (Non-member properties)

At this time, my property is a member of the American Hotel & Lodging 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 \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Print Name \_\_\_\_\_

## SECTION 4 – THE CHS EXAMINATION

If you plan to take your exam at a test site or through a review class, please provide the location and date below. Note that there may be a fee to attend and that these programs may be cancelled due to low enrollment. Please refer to our web site ([www.ei-ahla.org](http://www.ei-ahla.org)) for an updated list of review classes and test sites.

### TEST SITE REGISTRATION

Location	Date of Test

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 or CHS, a hospitality educator, an AH&LA member federation/association executive, your direct supervisor, 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 immediately to your proctor once the 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	Zip/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 CHS 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 CHS candidate, I will have six months to complete **all** program requirements. If I do not complete the program within six months I will have to re-apply and submit all fees. 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 Certification Commission's decision as to my eligibility for this certification.

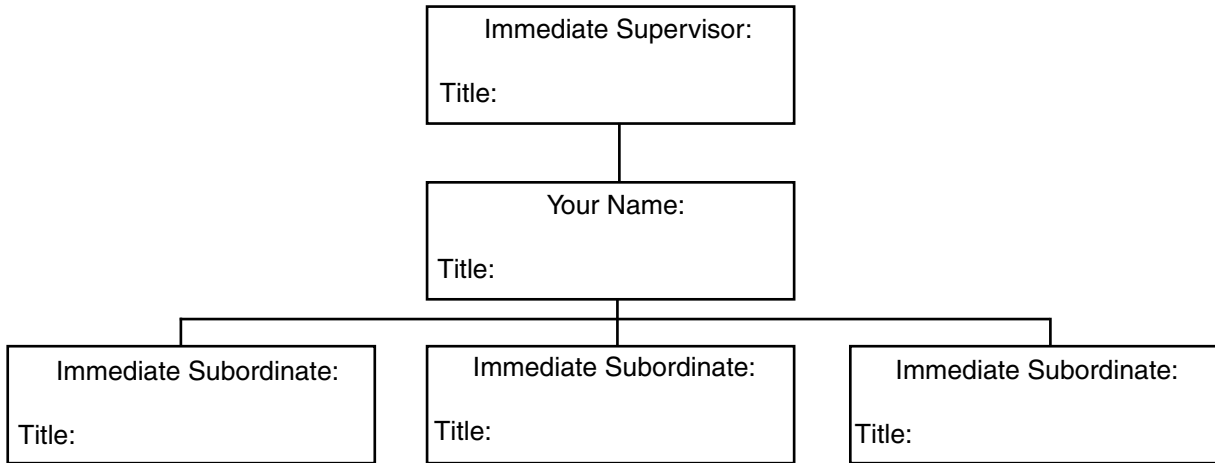
Effective August 1, 1998, physical copies of professional certification records will be retained at the offices of the Educational Institute of AH&LA for sixty (60) days after the completion of the certification program, then discarded. Records will be stored electronically, and may be generated upon 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: Professional Certification, Educational Institute  
800 N. Magnolia Ave., Suite 1800, Orlando, FL 32803  
Phone: 407-999-8100 • Fax: 407-999-8610 or 407-236-7848  
Email: [certification@ei-ahla.org](mailto:certification@ei-ahla.org)

# Organizational Chart and Resume\*

\*Please note that you can use this document as the Organizational Chart and Resume requirements as listed on the first page of the Application under "How to Apply."



Current Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

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

Location (City, State or Province, Country): \_\_\_\_\_

**Along with this form, please include a detailed description of your current job duties.**

Previous Title: \_\_\_\_\_

Start Date-End Date: \_\_\_\_\_ - \_\_\_\_\_

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

Location (City, State or Province, Country): \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Title: \_\_\_\_\_

Start Date-End Date: \_\_\_\_\_ - \_\_\_\_\_

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

Location (City, State or Province, Country): \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

**Certified Hospitality Supervisor**

PLEASE TYPE OR PRINT CLEARLY.

The Certified Hospitality Supervisor (CHS) designation recognizes those individuals who have demonstrated exemplary leadership and managerial abilities within a hospitality setting. Those who earn their CHS 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 corporate representative**.

(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 or company)
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 CHS applicant. I recommend this individual for the CHS program and verify that the candidate currently holds a qualifying supervisory position. I will, if called upon, answer any questions regarding the employment of the stated CHS applicant.*
- I do not recommend this person for acceptance as a CHS 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:**  
**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**

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

# Certified Hospitality Supervisor (CHS<sup>®</sup>) Program

## When You Apply

When you apply for certification, it is important that we receive an 1. an updated resume with your application, 2. copies of college transcripts, 3. current and past job descriptions, 4. 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 CHS 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 a designated CHA, CLM or CHS as a reference.

## Eligibility and Your Candidacy Status

The Professional Certification Department 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 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.

## Preparing for Your Exam

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

- *Supervisory Skill Builders*: Review key points for your comprehensive certification exam with this 9-workbook series, packed with "need to know" information on how supervisors should meet their responsibilities to management as well as employees. Call 800-752-4567 for ordering information.
- *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 800-752-4567 for ordering information.

## Exam Options

You can take the certification exam either at a certification test site or on your own through an approved proctor.

*Certification test sites* are simply group sessions where candidates enrolled in certification programs meet to take their exams. By referring to our web site at [www.ei-ahla.org](http://www.ei-ahla.org) you may obtain an updated list of scheduled test sites.

*Proctored exams* require you to arrange for a proctor to administer the certification exam to you. An approved proctor may be a CHA, CLM, or CHS, an AHLA member federation/association executive, a hospitality educator, or a member of the clergy or your direct supervisor

## 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 CHS Exam Retake Policy

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 being sent. If a successful score is not achieved after three attempts, the enrollment will be discontinued and the individual will be required to wait one year before reapplying.

## 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 CHS Program is intended to test. Please direct specific questions regarding special accommodations to the Professional Certification Department at 407-999-8100.

## Policy Questions?

We will be happy to answer any questions you might have. Call the Educational Institute's Professional Certification Department at 407-999-8100 or fax 407-999-8610 or 407-236-7848.

