



CRDE[®] APPLICATION FORM

Certified Rooms Division Executive

EDUCATIONAL INSTITUTE
American Hotel & Motel Association

HOW TO APPLY

- ◆ Complete Sections 1-5 as thoroughly and accurately as possible.
- ◆ Have your direct/immediate supervisor or a corporate representative complete and return the attached Recommendation and Employment Verification Form.
- ◆ Sign and return your completed application, include an updated resume, the appropriate fee, a job description and an organizational chart.

SECTION 1

You may apply for certification under one of three different plans. Check the plan that applies to you and be sure to read each eligibility *carefully*. You must satisfy all requirements to be accepted under the plan you select.

Plan A Eligibility - Education Plus

I have earned at least a two-year hospitality degree from an accredited institution or I have successfully completed the Educational Institute's five course Rooms Division Management Specialization program. I am now employed as a rooms division manager, resident manager, front office manager, senior assistant manager, or executive assistant manager at a lodging hospitality company - with at least two years of full-time experience in one or more such positions.

Plan B Eligibility - Experience

I am employed as a rooms division manager, resident manager, front office manager, senior assistant manager, or executive assistant manager at a lodging hospitality company - with at least three years of full-time experience in one or more such positions.

Educators: You can meet Plan B requirements if you are currently teaching hospitality management courses on a full-time basis at an accredited academic institution, have two years of experience in this capacity, and have two years experience in rooms division management.

Plan C Eligibility - Early Entry

I am currently employed as rooms division executive or director of rooms division operations at a lodging hospitality company.

See page 3 for details on the Plan C program. If this is the plan you choose be sure to sign the agreement.

SECTION 2

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

Name (Mr./Ms./Mrs.)		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 ()	e-mail				

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

SPECIAL ACCOMMODATIONS

The Certification 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) 999-8190 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 reverse side.

SECTION 3 – FEES/PAYMENT

The CRDE certification program fee is U.S. \$350 for employees of AH&MA member properties in the U.S./Canada; U.S. \$425 for employees of non-AH&MA member properties and all properties outside the U.S./Canada. If for some reason, you do not meet the requirements, your program fee will be returned in full. If for any reason you do not complete your certification within six months after acceptance into the program, your program fee is forfeited. This fee includes:

- Certification Study Guide for the Certified Rooms Division Executive
- Application and Exam Fee.
- Certificate, Lapel Pin and the CRDE Designation for candidates **who successfully pass the certification exam.**

- At this time my property is a member of the American Hotel & Motel Association (AH&MA): 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 _____

SECTION 4 – THE CRDE 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-ahma.org) for an updated list of review classes and test sites.

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 or CRDE, a hospitality educator, an AH&MA member 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 **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./Mrs.)	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.

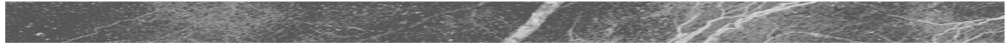
The information I have provided is accurate. I understand that acceptance into the CRDE program is based on this application, any support materials I have enclosed, and a favorable recommendation from my reference. I give the Educational Institute permission to thoroughly investigate my past employment, 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 CRDE 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&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 at the address below.

Signature: _____ Date: _____

Return to: Educational Institute
Professional Certification Department
800 N. Magnolia Ave., Suite 1800, Orlando, FL 32803
Phone: (407) 999-8190 • Fax: (407) 999-8610
E-mail: certification@ei-ahma.org

Plan C



Candidates applying to the CRDE Program under Plan C must complete, sign, and return this agreement form.

Through Plan C you can begin working on your CRDE designation and demonstrating your commitment to professional development the first day on the job. Plan C enables you to take the CRDE certification test up to three times so you can gauge your progress and knowledge against an industry proven standard. You no longer need to wait to see if you meet the benchmark of industry quality. You can prove it, and pursue a strong professional development regimen. This plan will allow individuals who are in qualifying positions to pursue their certification even if they are lacking in experience.

A Plan C candidate who is in a qualifying position:

1. May sit for the examination BEFORE meeting the experience requirement.
2. May take the examination up to 3 times.
3. May sit for the examination while in the process of completing a hospitality degree.
4. Will be required to complete a specific number of points by completing courses/workshops as outlined by the Eligibility Chart (see reverse side). These will be in addition to a degree/diploma that a candidate is already completing.
5. Will be required to submit documentation of employment at the time the experience requirement is met.
6. Will be required to submit documentation of completed courses/workshops at the time the experience requirement is met.

Plan C requires a candidate to hold a qualifying position at the time of application.

Please check one:

- Rooms Division Manager
- Resident Manager
- Front Office Manager
- Senior Assistant Manager
- Executive Assistant Manager

Plan C does not have an education requirement, but a degree will reduce the length of time you are required to spend in a qualifying position.

I (do)(do not) currently hold a hospitality related 2 or 4 year degree.

I (will)(will not) complete a hospitality related 2 or 4 year degree before meeting the 2 or 3 years experience requirement.



EDUCATIONAL INSTITUTE
American Hotel & Motel Association

CRDE[®] RECOMMENDATION AND EMPLOYMENT VERIFICATION FORM

Certified Rooms Division Executive

PLEASE TYPE OR PRINT CLEARLY.

The Certified Rooms Division Executive (CRDE) designation recognizes those individuals who have demonstrated exemplary leadership and managerial abilities in a hospitality setting. Those who earn the CRDE 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 CRDE 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 Department 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	(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 CRDE applicant. I recommend this individual for the CRDE program and verify that the candidate currently holds a qualifying rooms division management position. I will, if called upon, answer any questions regarding the employment of the stated CRDE applicant.*
- I do not recommend this person for acceptance as a CRDE 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) 999-8190 • Fax: (407) 999-8610 or (407) 236-7848

Certified Rooms Division Executive (CRDE®) Program

When You Apply

When you apply for certification, it is important that we receive 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 which will help ensure that your application is processed quickly and correctly. All applications and supporting documentation become the property of the Educational Institute.

The CRDE 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 or CRDE 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 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 CRDE comprehensive examination:

- *CRDE Study Guide*: This easy-to-use guide, included with your enrollment, offers a thorough overview of the exam material, as well as practice questions.
- *CRDE Review Classes/Seminars*: These give you the opportunity to participate in an informally led review workshop. Call the Professional Certification Department for a list of the review classes currently scheduled or visit our web site at www.ei-ahma.org (Test sessions may be cancelled or postponed due to low enrollment. There may be a nominal fee paid to the sponsor for attending a test site program.)
- *Educational Institute textbooks and courses*: Textbooks and courses on a variety of subjects are available for purchase through the Educational Institute. Call the Institute at 1-800-752-4567 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 website at www.ei-ahma.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 or CRDE, an AH&MA member federation/association executive, a hospitality educator, 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 CRDE 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 \$25.00 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 CRDE Program is intended to test. Please direct specific questions regarding special accommodations to the Professional Certification Department at (407) 999-8190.

Recertification:

Your Key to Ongoing Professional Growth

Every five years the Certification Commission will recertify you based on your continuing work experience and ongoing professional-development activities. Every time you fulfill the five-year recertification requirements, you receive a new jeweled lapel pin – with additional jewels added to reflect your years of industry service – and a new certificate, signifying your continuing commitment to hospitality excellence. (The recertification fee is \$100*.)

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) 999-8610 or (407) 236-7848.

Plan C Eligibility Chart

To determine the number of professional development points you will need, subtract the number of months you have been in a qualifying position from 24 months if you have a hospitality degree or 36 months if you do not.

Example: 24 months (to qualify) - 4 months (in position) = 20 months

36 months (to qualify) - 4 months (in position) = 32 months

Once the number of months has been determined, divide that number by two, and that is the number of points you will need. (See point chart below)

Example: 20 months ÷ 2 = 10 points (to meet requirement within 90 days of examination)

32 months ÷ 2 = 16 points (to meet requirement within 90 days of examination)

Below is a list of suggested activities that will help you earn the required points. Please be aware that these are to be completed in **addition** to those earned for a degree or the EI specialization program.

Activity	Points	Specifics	Documentation
Completion of graduate or undergraduate hospitality or business course (independent of those needed for your degree)	5 points per course	Must pass course	Copy of transcript indicating passing grade
Completion of an EI Distance Learning course from the Rooms Division Management Specialization program	5 points per course	Must pass course	None required
Completion of a 3-day or longer professional development seminar/workshop	3 points per seminar/workshop	Minimum of 20 contact hours*	Statement of verification, specifying total contact hours
Completion of a 1 or 2-day professional development seminar/workshop	2 points per seminar/workshop	Minimum of 6 contact hours*	Statement of verification specifying contact hours
Completion of a 1/2-day professional development seminar/workshop	1 point per seminar/workshop	Minimum of 3 contact hours*	Statement of verification specifying contact hours

* Must be an event sponsored by your company; EI; a national, state, or affiliated professional association; an accredited institution or an industry-related organization.

Statement of Understanding:

I understand that if accepted under Plan C I will be allowed to complete the examination, and if successful, will not receive or use the designation until I have met the experience and point requirements as determined above. I understand that my required Plan C points will begin accumulating from the start date of my current qualifying position. I also agree to submit verification of employment and course/workshop completion. If I do not provide the necessary documentation, I will be placed on inactive status and there will be a \$50 fee for reinstatement. I will submit supporting point documentation after all points have been accumulated.

Furthermore, if I do not successfully complete all of the stated Plan C program requirements within 90 days of successfully completing the exam and still wish to achieve my professional designation, I will be required to re-apply to the program under Plan A or Plan B and complete all of the requirements.

Signature: _____ Date: _____

Print Name: _____