



# MHS<sup>®</sup> APPLICATION FORM

## Master Hotel Supplier

### 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

To be accepted as a candidate in the Master Hotel Supplier program, you must currently hold a position as a supplier of products or services to the hospitality industry, with one year of full-time experience in one or more such positions.

Please indicate area of specialization (check one only).

- Food & Beverage  
 Designer  
 Supplier

### SECTION 2

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

Name (Mr./Ms./Mrs.)		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				

<b>PRESENT POSITION</b>		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)				
<b>PREVIOUS POSITION</b>		Start Date	End Date	Job Responsibilities (Provide attachment)
Company/Property				
Mailing Address				
City/State or Province		Postal Code/Country		
Property Affiliations (chains, referral groups, management companies)				

### 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 MHS certification program fee is U.S. \$300 for employees of AH&LA/Allied organization member; U.S. \$375 for employees of non-AH&LA/Allied organization member. 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 Master Hotel Supplier.
  - Application and Exam Fee.
  - Certificate, Lapel Pin and the MHS Designation for candidates **who successfully pass the certification exam.**
- At this time my organization is a member of the American Hotel & Lodging Association (AH&LA):    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 MHS 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 MHS, a hospitality educator, an AH&MA member association/federation 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	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 MHS 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 MHS 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 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: 407-999-8189 • Fax: 407-999-8610 or 407-236-7848  
 E-mail: [certification@ei-ahla.org](mailto:certification@ei-ahla.org)



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

Master Hotel Supplier

PLEASE TYPE OR PRINT CLEARLY.

The Master Hotel Supplier (MHS) designation recognizes those individuals who have demonstrated exemplary leadership and managerial abilities as a hospitality supplier. Those who earn the MHS 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 MHS 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 MHS applicant. I recommend this individual for the MHS program and verify that the candidate currently holds a qualifying hospitality supplier position. I will, if called upon, answer any questions regarding the employment of the stated MHS applicant.*
- I do not recommend this person for acceptance as a MHS 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: 407-999-8189 • Fax: 407-999-8610 or 407-236-7848**

# Master Hotel Supplier (MHS®) 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 MHS 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 MHS as a reference.

## Eligibility and Your Candidacy Status

The Educational Institute, on behalf of 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 MHS comprehensive examination:

- *MHS Study Guide*: This easy-to-use guide, included with your enrollment, offers a thorough overview of the exam material, as well as practice questions.
- *MHS 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](http://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-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 or MHS, an AH&LA member association/federation 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 MHS 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 MHS 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 will 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 407-999-8189 or fax 407-999-8610 or 407-236-7848.