



RECERTIFICATION APPLICATION

PROFESSIONAL INFORMATION

Please provide the stated information so your maintenance documentation can be processed effectively.

Name: _____

Title: _____

Address: _____

City, State, and Postal Code: _____

Telephone Number: _____ Fax Number: _____

Email: _____

FOR OFFICE USE ONLY: Date: _____

Candidate Number: _____

RECERTIFICATION AGREEMENT

By submitting this Recertification Application, I acknowledge that all supporting maintenance documentation provided is true and accurate. If the activities listed on the **Activity Verification** form, **Maintenance Requirements** form, or the supporting verification documents are falsified in any fashion, I understand that this will result in the revocation of my designation.

I have attached all necessary documents and submitted the recertification fee as prescribed by the Professional Certification Department. Upon acceptance of this application and the recertification fee by the American Hotel & Lodging Educational Institute (AHLEI), and upon being recertified, I agree to uphold the standards and integrity of the program by continuing to maintain my designation through industry-related professional involvement, continuing education, and educational service activities.

Signature: _____ Date: _____

RECERTIFICATION AGREEMENT

DESIGNATION (check one): CHA CRDE CFBE CHHE CHFE CLSD CHT CMHS CHE

FEES: The recertification fee is U.S. \$200.00. Your check, money order, or credit card information must accompany this completed application.

PAYMENT: My check or money order is enclosed. Made payable to the **Educational Institute** (in U.S. funds drawn on a U.S. Bank.)

Please bill my credit card: VISA MasterCard
 American Express Diners Club Discover

Account Number: _____ Expiration Date: _____

Signature: _____

Print Name: _____



RECERTIFICATION ACTIVITY VERIFICATION

Event Name: _____

Location: _____ Date: _____

Session title: _____

Name of designee: _____

Phone #: _____ Email: _____

Certification Designation: _____ Length of time: _____ Points: _____

Designee: The *Activity Verification* form is to be used for **recertification purpose only**. No sooner than one year from your certification expiration date, please mail this form with your completed recertification application to:

American Hotel & Lodging Educational Institute | 800 N. Magnolia Avenue, Suite 300 | Orlando, FL 32803
Professional Certification Department | www.ahlei.org | Phone 1 888 575 8726 or +1 407 999 8100

15-04936



RECERTIFICATION ACTIVITY VERIFICATION

Event Name: _____

Location: _____ Date: _____

Session title: _____

Name of designee: _____

Phone #: _____ Email: _____

Certification Designation: _____ Length of time: _____ Points: _____

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