



# CHC<sup>SM</sup> APPLICATION FORM

Certified Hotel Concierge

Ref Code:

## APPLICATION CHECKLIST

Have you included the following required documents?

- Completed CHC<sup>SM</sup> application form
- Current Resumé
- Job Description
- Employment Verification Form (signed by your immediate supervisor) Plan B Only
- Copy of diploma or transcripts showing successful completion of the Art of Concierge program with The International School of Hospitality. Plan A Only

## SECTION 1

Check the plan that applies to you and be sure to read each eligibility requirement carefully. You must satisfy all requirements to be accepted under the plan you select.

- Plan A -- Education Emphasis**  
Successful completion of the Art of Concierge program with The International School of Hospitality.
- Plan B -- Experience Emphasis (3 ways to qualify)**
  - Currently employed full-time as a hotel lobby concierge with at least 90 days' experience in the field.
  - Educators Only: Currently teaching a course in concierge at an accredited academic institution.
  - Les Clefs d'Or Members Only: Currently a member in good standing with Les Clefs d'Or.

Please send all correspondence regarding the CHC<sup>SM</sup> to my:

- Home Address
- Business Address

## SECTION 2

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

PRINT Name (Mr./Ms./Mrs. – First/Last/MI)		Birth Date	<b>FOR OFFICE USE ONLY</b>		
Home Mailing Address					Customer #
City/State or Province		Postal Code/Country			Payment/check#
Business Phone (       )	Home Phone (       )				Order #
Business E-mail (       )	E-mail		Enrollment Date		
<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			

Return application to: URPEAK Salr.  
Avenue de Gratta-Paille 2  
CH- 1018, Lausanne  
Phone: +41 79 151 18 18  
E-mail: certification@urpeak.ch

Please continue to Sections 3-4.

## SECTION 3 – THE CHC<sup>SM</sup> EXAMINATION

The CHC<sup>SM</sup> exam is a 60-question multiple choice exam that can be taken at the conclusion of the CHC<sup>SM</sup> workshop (classroom or online), or within two weeks after the workshop with an approved proctor. A proctor may be a CHC<sup>SM</sup>, a local educator, an AH&LA member association/federation executive, human resources manager, direct supervisor, or a member of the clergy. (A relative or person with the same last name cannot be accepted as a proctor.) Please obtain consent from this individual *before* submitting their name. Your examination will be sent to your proctor upon your request, the proctor must be present when taking the exam. If you have not yet chosen a proctor, write in this field “will call when ready.”

Please select one:  CHC<sup>SM</sup> online exam

Paper-Based Exam (Allow more time for processing of results)

PROCTOR INFORMATION			
Name (Mr./Ms./Mrs.)	Olga Novitskaya	Title	Dr.
Organization	URPEAK Sarl	Business Phone ( )	+41 79 151 18 18
Address	Avenue de Gratta-Paille 2	Business Fax ( )	Avenue de Gratta-Paille 2
City/State or Province	Postal Code/Country	E-mail	
Lausanne / Vaud	1018 Switzerland	certification@urepak.ch	

## 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 CHC<sup>SM</sup> program is based on this application, any support materials I have enclosed, and a favorable recommendation from my reference. I give the American Hotel & Lodging Educational Institute (AHLEI) 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 CHC<sup>SM</sup> candidate, **I will have one year to complete all program requirements.** If I do not complete the program within one year I will have to re-apply and submit all fees. I agree to hold AHLEI 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 AHLEI, make me ineligible for certification. I agree to accept the Certification Commission's decision as to my eligibility for this certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



# CHC<sup>SM</sup> RECOMMENDATION AND EMPLOYMENT VERIFICATION FORM

## Certified Hotel Concierge

PLEASE TYPE OR PRINT CLEARLY. The Certified Hotel Concierge (CHC<sup>SM</sup>) designation recognizes those individuals who have demonstrated knowledge of the skills and abilities needed to perform effectively as a hotel lobby concierge. Those who earn the CHC<sup>SM</sup> 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 CHC<sup>SM</sup> program is contingent on verification of employment. The applicant has been directed to give this form to an **immediate supervisor or corporate representative**.

**(Note: AHLEI's Certification Department 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 will affect the candidacy of stated CHC<sup>SM</sup> applicant. I will, if called upon, answer any questions regarding the employment of the stated CHC<sup>SM</sup> applicant.*

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

**THIS COMPLETED FORM MUST ACCOMPANY THE CHC<sup>®</sup> APPLICATION**

# Certified Hotel Concierge (CHC<sup>SM</sup>) Program

## When You Apply

Be sure to fill out this application completely to ensure it is processed quickly and correctly. All applications and supporting documentation become the property of the American Hotel & Lodging Educational Institute (AHLEI).

## 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 will become a candidate for professional certification.

If your application is not accepted, for any reason, you will be notified in writing. 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 CHC<sup>SM</sup> comprehensive examination:

- *CHC<sup>SM</sup> exam preparation material*: Included with your enrollment, offers a thorough overview of the exam material.
- Access to online workshop hosted on TISOH LMS
- In-person workshop may be offered for an additional \$75 per person. Contact [chc@tiso.com](mailto:chc@tiso.com).

## Your Test Results

A passing score is 70 percent or better. Your exam results will be mailed directly to you, along with a written assessment.

## The CHC<sup>SM</sup> 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 within the one year enrollment period to complete the requirement. For each retake, a fee of US \$50.00 will be charged and must be paid prior to the examination being sent. If a successful score is not achieved after three attempts, the individual will then be able to re-apply and submit all fees in order to continue pursuing the certification.

## 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 CHC<sup>SM</sup> Program is intended to test. Please direct specific questions regarding special accommodations to the Professional Certification Department at +1 407 999 8100.

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)

## Recertification:

### Your Key to Ongoing Professional Growth

Every five years the Certification Commission will recertify you based on your successful completion of a recertification exam. Every time you fulfill the five-year recertification requirements, you will receive a new certificate, signifying your continuing commitment to hospitality excellence. (The recertification fee is \$100\*.)