

# CRDS<sup>®</sup> APPLICATION FORM

## Certified Rooms Division Specialist in conjunction with the Student LMP



### HOW TO APPLY

- ◆ Complete Sections 1-4 as completely and accurately as possible.
- ◆ Have your employer sign the employer information section.
- ◆ Return completed application form along with appropriate fee, copy of certificates, and copy of competency book.

### SECTION 1 – ELIGIBILITY REQUIREMENTS

To successfully earn CRDS a student must complete the following requirements:

- Successful completion of LMP year 1 and year 2 exams.
- Submit copies of the certificates showing completion.
- Submit copy of completed LMP competency book.
- Be currently employed in a qualifying position within the hospitality industry for 30 days.

### SECTION 2

#### PERSONAL DATA

|                        |        |                     |
|------------------------|--------|---------------------|
| Name (Mr./Ms./Mrs.)    |        | Birth Date          |
| Home Mailing Address   |        |                     |
| City/State or Province |        | Postal Code/Country |
| Phone<br>(        )    | E-mail |                     |

| FOR OFFICE USE ONLY |         |
|---------------------|---------|
| Customer #          |         |
| Payment             | Check # |
| Order #             | Date    |

#### SCHOOL DATA

|                        |                     |
|------------------------|---------------------|
| Name of School         |                     |
| Instructor Name        |                     |
| School Address         |                     |
| City/State or Province | Postal Code/Country |
| Phone<br>(        )    |                     |

#### EMPLOYER

|                        |                     |
|------------------------|---------------------|
| Employer Name          |                     |
| Company Address        |                     |
| City/State or Province | Postal Code/Country |
| Phone<br>(        )    |                     |

Student Signature: \_\_\_\_\_

#### 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 407-999-8100, 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 3-4 on the next page.*

### SECTION 3 – FEES/PAYMENT

The CRDS certification fee is U.S. \$25 and needs to be submitted with the application form. If for some reason you do not meet the requirements, your program fee will be refunded in full.

The fee includes:

- Application and Exam Fee.
- Certificate and Lapel Pin.

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 \_\_\_\_\_ CVV2 \_\_\_\_\_

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

### 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 CRDS program is based on this application, and any support materials I have enclosed. I give the Educational Institute permission to thoroughly investigate my supporting documents and education. 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. 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 judgement 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.

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

Return to: Educational Institute  
Professional Certification Department  
800 N. Magnolia Ave., Suite 300, Orlando, FL 32803  
Phone: 407-999-8100 • Fax: 407-999-8610 or 407-236-7848  
E-mail: certification@ahlei.org

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

**Certified Rooms Division Specialist  
In conjunction with the Student LMP**



PLEASE TYPE OR PRINT CLEARLY.

Please complete the information below on behalf of the individual applying for certification. Acceptance into the Certified Rooms Division Specialist program is contingent on verification of employment in a qualifying position. The applicant has been directed to give this form to a manager or supervisor.

(Note: El'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 may affect the candidacy of stated CRDS applicant. I recommend this individual for the CRDS program and verify that the candidate currently holds a qualifying position for at least 30 days. I will, if called upon, answer any questions regarding the employment of the stated CRDS applicant.
- I do not recommend this person for acceptance as a CRDS candidate.

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

**THIS COMPLETED FORM MUST ACCOMPANY THE CRDS APPLICATION**