



Application for CERTIFIED CORPORATE HOUSING PROFESSIONAL Certification Examination

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. If typing, please enter only one letter in each box.

Grid for marking answers: A B C D E F 1 2 3 4 5 6

Candidate Information

Please enter your name exactly as it appears on a Government-Issued Photo I.D.

Form for candidate information including fields for First Name, Middle Initial, Last Name, Suffix, Home Address, City, State/Province, Zip/Postal Code, Apartment Number, Email Address, Daytime Phone, and Evening Phone.

Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

ARE YOU CURRENTLY CERTIFIED, OR HAVE YOU EVER BEEN CERTIFIED IN CORPORATE HOUSING BY CHPA?

- Never certified
Currently certified; applying for recertification
Certification lapsed; applying for recertification

A. HIGHEST LEVEL OF EDUCATION COMPLETED

- High School Graduate, Bachelor's Degree, GED or equivalent, Master's Degree, Associate's Degree, Doctorate

B. EXPERIENCE IN CORPORATE HOUSING

- Less than 2 years, 2 to 4 years, 5 to 9 years, 10 years or more

C. ARE YOU A MEMBER OF CHPA?

- No, Yes

D. HOW MANY TIMES HAVE YOU TAKEN THIS EXAMINATION BEFORE?

- None, 1 - Date Taken: Name:
2 - Date Taken: Name:
3 - Date Taken: Name:

E. EMPLOYMENT SETTING

- Corporate Housing, Real Estate, Other, Hotel, Relocation

F. PRIMARY JOB ROLE

- Administration, Owner, Client Services, Sales, Human Resources, Senior Management, Marketing, Other, Operations

VERIFICATION OF EMPLOYMENT

Table with columns: Employer Name, Dates Employed (From, To), Supervisor, Phone. Includes dashed lines for multiple entries.

SUBMIT APPLICATION TO:

CHPA - CCHP EXAMINATION | 9100 Purdue Road, Suite 200 | Indianapolis, IN 46268
Phone: (317) 328-4631 | Fax: (317) 280-8527 | e-mail: info@chpaonline.org

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CHPA CODE OF ETHICS STATEMENT

As a member in good standing of the Corporate Housing Providers Association, I subscribe to the following code of ethics:

- 1 I will be mindful of the trust placed in me by my customers and of my responsibility to render professional corporate housing products and services in accordance with applicable laws and regulations.
2 I will employ and practice legal and truthful advertising of our products and services.
3 I will fairly disclose the obligations of both the company and the customer and fulfill company obligations in an expeditious and equitable manner.
4 I will respond within a reasonable period of time to any customer service complaint and make every effort to satisfy the needs and concerns of our customers.
5 I will further the public interest by contributing to the development of a better understanding of the corporate housing industry.
6 I will exercise corporate social responsibility.
7 I will not deal in a discriminatory manner and will treat our customers and employees equally.
8 I will respect our relationships with the communities in which we conduct our business and I will respect the natural and physical environments of those communities.

I am not a CHPA member, however, agree to uphold CHPA's Code of Ethics.

SIGNATURE: DATE:

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

Form with fields for Race, Age Range, and Gender.

Candidate Signature

I understand that, in order to process my application, CHPA may verify my education and training. I agree to cooperate in such a review and will allow others to provide information regarding my abilities and experience. I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I hereby solemnly declare and affirm, under penalties of perjury, that the facts and matters contained in this application are true and correct.

I give permission for my name and email address to be shared with other candidates for the purpose of study groups.

CANDIDATE SIGNATURE: DATE:

APPLICATION CHECKLIST

- 1 Completed and Signed Application
2 Payment Information
3 Signed Code of Ethics Statement

Fees

- Testing at the Annual Conference (Included in your discounted registration fee)
At a computer-based testing facility: \$500 - Member, \$200 - Retake Examination, \$600 - Non-Member

Payment Information

- CHECK PAYMENT: Make Checks Payable to "CHPA", in U.S. funds only.
CREDIT CARD PAYMENT If you want to charge your application fee on your credit card provide all of the following information.

Name (as it appears on your card):

Address (as it appears on your statement):

Charge my credit card for the total fee of: Expiration date (month/year):

Card type: Check, Visa, MasterCard, American Express

Card Number:

Signature:

FOR OFFICE USE ONLY

Date 1850

Fee:

CC Check

Barcode area

