



## Certification Examination Request Form

CUSTOMER NAME: \_\_\_\_\_ CUSTOMER \_\_\_\_\_

### PROCTOR IDENTIFICATION

Please forward my online examination access information to the individual stated below:

PROCTOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PROCTOR PROPERTY/ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROCTOR TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PROCTOR E-MAIL ADDRESS (required): \_\_\_\_\_

Note: The proctor identified must be a CHA, a hospitality educator, a lodging association executive, or a member of the clergy. (Relatives cannot be accepted as proctors.) Please obtain consent from the individual before submitting his or her name.

Please forward this completed form to [certification@ahla.com](mailto:certification@ahla.com).