

DMCP® Recertification Application – Save this form and complete it on your computer.

**Destination Management Certified Professional®
Recertification Application Form**

Name _____

Date of original certification _____ Date of last recertification _____

Title _____

Organization/Company _____

Address _____

City _____ State/Province _____ ZIP/Post Code _____

Country _____ Phone _____ Fax _____

Email _____ DMCP ID _____

Required Points

A total of 50 points is required for DMCP® recertification. All points must be earned over the ***past five years*** since the date of DMCP® certification or last date of recertification (whichever is later.)

Summary			Points earned	Office use only
Continuing Experience	Section I	(10 point min)		
Continuing Education	Section II	(10 point min)		
Professional Contributions	Section III	(10 point min)		
Total: (50 point min)				
Qualified?				Yes No

Payment Information

The DMCP® Recertification fee of \$200(US) must be submitted with the application. A \$100(US) late fee is required for late certifications. If paying by check, please make payable to ADME. Indicate method of payment below.

Check MasterCard Visa

Name on card (print) _____

Card Number _____ Expiration _____

Signature _____ Amount _____

*If paying by check, print this page of the application ONLY and remit to:
ADME/DMCP® Program Office, 11 W Monument Avenue, Suite 510, Dayton OH
45402.*

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Section I: Work Experience in Destination Management

(10 points minimum)

A. Continuing Work Experience (5 points minimum, 20 points maximum.)

1. Current Title/Responsibility _____
Description of Responsibilities _____

Organization _____
Address _____
Employment From _____ To _____ Total Years

2. Title/Responsibility _____
Description of Responsibilities _____

Organization _____
Address _____
Employment From _____ To _____ Total Years

3. Title/Responsibility _____
Description of Responsibilities _____

Organization _____
Address _____
Employment From _____ To _____ Total Years

See page 3 of instruction manual for important information.

Of these total years, the percent of time spent in **Destination Management** was:

- 0 - 25% = _____ years x 1 point per year = _____
26 - 50% = _____ years x 2 point per year = _____
51 - 75% = _____ years x 3 point per year = _____
76 - 100% = _____ years x 4 point per year = _____

Section IA Subtotal: _____

B. Management of People (5 points maximum)

Earn points for full-time management position in destination management. List the number of people who report directly to you and for whom you are responsible for selecting, training and terminating. Part time/Independent contractor is defined as staff paid from payroll such as tour or field staff. Vendors are not considered independent contractors.

Full time Employee _____ Part Time/Independent Contractor _____
(1 point each) (1/2 point each)

Section IB Subtotal: _____

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C. Scope of Programs conducted during past five years
See page 4 of instruction manual for important information.

What is the size of the largest program that you were personally responsible for managing or producing during the past five years?

Size (Check one only)

- | | |
|--|--|
| <input type="checkbox"/> Less than 1,000 (1 point) | <input type="checkbox"/> 5,001-10,000 (4 points) |
| <input type="checkbox"/> 1,001 - 3,000 (2 points) | <input type="checkbox"/> 10,001+ (5 points) |
| <input type="checkbox"/> 3,001 – 5,000 (3 points) | |

Name and date of program _____

What is the dollar value of the largest program that you were personally responsible for managing or producing during the past five years?

Value (Check one only)

- | | |
|---|---|
| <input type="checkbox"/> Less than \$50,000 (1 point) | <input type="checkbox"/> \$250,001-\$500,000 (4 points) |
| <input type="checkbox"/> \$50,001-\$100,000 (2 points) | <input type="checkbox"/> \$500,001+ (5 points) |
| <input type="checkbox"/> \$100,001-\$250,000 (3 points) | |

Name and date of program _____

How many programs are you responsible for managing and producing annually, averaged over the past five years?

Number of Client Programs (Check one only)

- | | |
|---|---|
| <input type="checkbox"/> 1 - 5 (1 point) | <input type="checkbox"/> 51 - 75 (4 points) |
| <input type="checkbox"/> 6 - 25 (2 points) | <input type="checkbox"/> 76 – 100+ (5 points) |
| <input type="checkbox"/> 26 - 50 (3 points) | |

Section IC Subtotal: _____

Section I Total (10 minimum) _____

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Section II: Continuing Education in Destination Management

A minimum of ten (10) points is required for this section.

A. Formal Education - count only degrees completed during the past five years. See page 4 of instruction manual for important information.

- Doctorate/Hospitality field (10 points)
- Doctorate (8 points)
- Masters/Hospitality related field (8 points)
- Masters Degree (6 points)
- Bachelors Degree/Hospitality field (6 points)
- Bachelors Degree (4 points)
- Associate Degree/Hospitality field (4 points)
- Associate Degree (2 points)
- High School degree or equivalent (1 point)

School/College Name _____

Address _____

Degree _____ Date Received _____

B. Continuing Education – completed during the past five years. See page 4 of instruction manual for important information.

1. Name of Program/Class/ADME Webinar _____
Sponsor _____ Date(s) _____
Location/City/State _____ Hours/Points _____
2. Name of Program/Class/ADME Webinar _____
Sponsor _____ Date(s) _____
Location/City/State _____ Hours/Points _____
3. Name of Program/Class/ADME Webinar _____
Sponsor _____ Date(s) _____
Location/City/State _____ Hours/Points _____
4. Name of Program/Class /ADME Webinar _____
Sponsor _____ Date(s) _____
Location/City/State _____ Hours/Points _____
5. Name of Program/Class /ADME Webinar _____
Sponsor _____ Date(s) _____
Location/City/State _____ Hours/Points _____

Additional pages attached

Section II Total (10 min) _____

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B. ADME Related Activities within past five years

See page 5 of instruction manual for important information.

ADME Board Executive Position - 4 points per year

ADME Board Member – 3 points per year

Position: _____ Dates: _____ Points: _____

Position: _____ Dates: _____ Points: _____

ADME Committee Member – 2 points per year

Committee: _____ Dates: _____ Points: _____

Committee: _____ Dates: _____ Points: _____

Committee: _____ Dates: _____ Points: _____

ADME Sponsored Industry participation – ½ point per hour

Industry Show: _____ Dates: _____ Points: _____

Industry Show: _____ Dates: _____ Points: _____

Industry Show: _____ Dates: _____ Points: _____

ADME Sponsored Webinar participation – 3 points to present; 2 points to moderate; 1 point to update existing webinar.

Industry Show: _____ Dates: _____ Points: _____

Industry Show: _____ Dates: _____ Points: _____

Industry Show: _____ Dates: _____ Points: _____

Section IIIB Subtotal: _____

C. Authoring/Publishing within past five years

See page 5 of instruction manual for important information.

Industry Book: 5 points per book

Recognized national publication: 3 points

Recognized regional publication: 2 points

Title of Book/Article _____

Publication _____

Date of Publication _____

Industry Book

National Publication

Regional Publication

Title of Book/Article _____

Publication _____

Date of Publication _____

Industry Book

National Publication

Regional Publication

Section IIIC Subtotal: _____

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D. Teaching/Speaking within past five years

See page 5 of instruction manual for important information.

University or College Instructor (no additional credit for course repetition)	4 points per course title
Speaker on a Specific Topic	2 points per session
Panelist or discussion Leader	1 point per session

1. University/Program/Meeting _____
Title of Course/Presentation _____
Program/Meeting Sponsor _____
Program/Meeting Date _____ City/State _____
Assignment: Instructor Speaker Panelist Points _____

2. University/Program/Meeting _____
Title of Course/Presentation _____
Program/Meeting Sponsor _____
Program/Meeting Date _____ City/State _____
Assignment: Instructor Speaker Panelist Points _____

3. University/Program/Meeting _____
Title of Course/Presentation _____
Program/Meeting Sponsor _____
Program/Meeting Date _____ City/State _____
Assignment: Instructor Speaker Panelist Points _____

4. University/Program/Meeting _____
Title of Course/Presentation _____
Program/Meeting Sponsor _____
Program/Meeting Date _____ City/State _____
Assignment: Instructor Speaker Panelist Points _____

Section IIID Subtotal: _____

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E. Awards/Professional Designations within past five years
See page 5 of instruction manual for important information.

Industry Certification/Recertification	3 points
ADME Award	3 points
National Award	2 points
Regional/Chapter Award	1 point

1. Certification/Award _____
Awarded by _____
For _____
Date _____ Qualifications/Other _____
Points _____

2. Certification/Award _____
Awarded by _____
For _____
Date _____ Qualifications/Other _____
Points _____

3. Certification/Award _____
Awarded by _____
For _____
Date _____ Qualifications/Other _____
Points _____

Section III E Subtotal: _____

F. Leadership Roles within past five years
See page 5 of instruction manual for important information.

Officer	3 per year
Board Member/Committee Chairman	2 per year
Committee Member	1 per year
Non-Industry Board Member/Committee Chair	½ point per term (2 max)

1. Position Held _____
Organization _____
Dates _____ Points _____

2. Position Held _____
Organization _____
Dates _____ Points _____

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3. Position Held _____
Organization _____
Dates _____ Points _____

4. Position Held _____
Organization _____
Dates _____ Points _____

5. Position Held _____
Organization _____
Dates _____ Points _____

Section IIIF Subtotal: _____

G. Membership within past five years

See page 5 of instruction manual for important information.

ADME Membership: 1 point per year ADME Years _____ points

½ point for each year of membership in any one of the following organizations (indicate years)

- | | |
|---|---|
| <input type="checkbox"/> ACCED-I: Association of Collegiate Conference and Event Directors -International | <input type="checkbox"/> ISES: International Special Event Society |
| <input type="checkbox"/> AH&LA: American Hotel & Lodging Association | <input type="checkbox"/> MPI: Meeting Professionals International |
| <input type="checkbox"/> ASAE: American Society of Association Executives | <input type="checkbox"/> NACE: National Association of Catering Executives |
| <input type="checkbox"/> ACOM: Association for Convention Operations | <input type="checkbox"/> NBTA: National Business Travel Association |
| <input type="checkbox"/> FICP: Financial and Insurance Conference Planners | <input type="checkbox"/> NCBMP: National Coalition of Black Meeting Planners |
| <input type="checkbox"/> GMCI: Green Meetings Industry Council | <input type="checkbox"/> PCMA: Professional Convention Management Association |
| <input type="checkbox"/> HCEA: Healthcare Convention & Exhibitors Association | <input type="checkbox"/> SGMP: Society of Government Meeting Planners |
| <input type="checkbox"/> HSMAI: Hospitality Sales & Marketing Association-Int'l | <input type="checkbox"/> SITE: Society of Incentive and Travel Executives |
| <input type="checkbox"/> IACC: International Association of Conference Centers | <input type="checkbox"/> U. S. Travel: U. S. Travel Association |
| <input type="checkbox"/> IAEE: International Association for Exhibitions and Events | <input type="checkbox"/> Other |
| <input type="checkbox"/> IAPCO: International Association of Professional Congress Organisers | |
| <input type="checkbox"/> ICCA: International Congress and Convention Association | |

Total years membership in organizations other than ADME _____ x 0.5 = _____ points

Section IIIG Subtotal: _____

Section III Total (10 min) _____

Signature

I certify that all the information contained in this application is accurate and truthful. I understand that all of the information I have provided herein may be verified, and authorize such verification. I also agree, if certified, to abide by the rules and regulations set forth by the ADME/DMCP Program. **Application must be signed.**

Name _____

Signature _____ Date _____

Please mail completed application form, documentation, and fees to: **ADME/DMCP® Program Office, 11 W Monument Avenue, Suite 510, Dayton OH 45402.**