CTC Certification Form

The Travel Institute, 945 Concord Street, Framingham, MA 01701
Tel: 781-237-0280, 800-542-4282 • Fax: 781-237-3860 •
www.thetravelinstitute.com • info@thetravelinstitute.com

Directions: When you have successfully completed the CTC certification exam, White Paper and met the 5-year industry experience requirement*, please complete all four sections of this form. Mail to: The Travel Institute within 30 days of meeting these requirements. This is the final step in attaining the CTC designation. You will be notified by mail of your CTC certification. You are not permitted to use the CTC designation until you have received written notification.

1. Background Information

Name _____

Date of Birth ____/____/____/ ☐ Male ☐ Female

Preferred Email Address _____

Company _____

Title _____

Business Address _____

City/Town _____

State/Country _____ Zip/Postal Code _____

Business Phone _____

Business Fax _____

Home Address _____

City/Town _____

State/Country _____ Zip/Postal Code _____

Home Phone _____

Home Fax _____

Preferred mailing address: ☐ Home ☐ Business

If you and/or your agency are affiliated with a chain, franchise, consortium, and/or trade organization please list all affiliations here:

_____

_____

2. Statement of Travel Industry Experience

To earn the CTC designation, candidates must posses at least five years of cumulative travel industry work experience, with a minimum standard of 1,000 hours annually. The Travel Institute may contact the following past or present employers for verification. Should you require additional space, please attach a separate sheet.

Dates: Month/Year	Firm, City, State	Title, Description of Responsibilities
From: To:		
From: To:		
From: To:		
From: To:		
From: To:		

*IMPORTANT: The CTC 5 year experience requirement can be reduced by up to 2 years for any of the following reasons: Transcript and/or appropriate evidence of work experience required. 1) One year of work experience credit for every four years of non-travel work experience in a public contact-related activity: sales, customer service, etc. Administrative positions do not qualify. 2) One Year of work experience credit for graduates of accredited institutions awarding AS/AA degrees in travel and tourism or BS/BA degrees in travel and tourism, business administration, or travel-related disciplines. 3) One year of credit for holders of MS, MA, and/or MBA degrees from accredited institutions.

3. Your CTC Certificate

Please type or print your name as you would like it to appear on your CTC certificate.

First: Middle: Last:

4. Notarization

Please read carefully the statement below. Sign, date, and have this form notarized by a Notary Public before submitting to The Travel Institute.

I recognize that The Travel Institute is a tax-exempt institution organized and operated for educational purposes. I further recognize that The Travel Institute seal, "CTA," "CTC," are service marks of The Travel Institute, registered with the Commissioner of Patents of the United States Patent Office. In recognition of the above and in consideration of my certification, I agree that I will use such service marks only upon the terms and conditions prescribed from time to time by The Travel Institute's Board of Trustees and in a manner consistent with The Travel Institute's educational goals. I agree that I will use The Travel Institute's seal only with written permission from The Travel Institute. I further agree that I will use the initials "CTC" only as a designation after my name to indicate my certification by The Travel Institute, and not in conjunction with, or as any part of, a trade or business name. I understand that ongoing educational requirements and active membership status in The Travel Institute through payment of dues are mandatory in retaining use of the CTC designation.

I hereby certify that all statements made by me in this application are true and correct, to the best of my knowledge.
I authorize the Institute to investigate all statements and references contained herein and I agree that misrepresentation of facts called for in this application may affect my certification by The Travel Institute.

X

Candidate Signature

This section to be completed by Notary Public:

SUBSCRIBED and sworn to before me this _____ day of _____ , 20_____

My commission expires _____ Notary Public _____

(Notary Public Seal Here)

X

Notary Public Signature Date

Mail within 30 days of meeting your CTC certification requirements to:

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