



Certified Destination Specialist 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

When you have successfully completed the Destination Specialist test and have completed your Destination Visit Report, you will want to fill-in and return this form to complete the steps for earning the second level of your specialization program – the Certified Destination Specialist designation.

1. Background Information

Name _____

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 Certified Destination Specialist designation, candidates must possess at least 12 months 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:		

3. Your Certified Destination Specialist Certificate

Please type or print your name as you would like it to appear on your 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 is 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 not use the initials “CDS” as a designation after my name. The best way to indicate this certification by The Travel Institute is to spell out the words with the destination (ex: Certified Alaska Specialist.)

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 _____

5. Certification Fee

Enclosed please find my payment of \$25 in the form of:

MasterCard Visa American Express Discover

Card Number: _____ Expiration Date: _____

Name as it Appears on the Card: _____

Cardholder Signature: _____ Date: _____

Check made payable to: The Travel Institute

Mail or fax to:

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