



# SUPERVISOR VERIFICATION FORM

Certified Professional  
in Catering and Events

## Supervisor Verification

By my signature below, I attest to and verify that the below-named applicant for this certification examination is currently and has been employed in the catering and events industry and, to the best of my knowledge, meets the eligibility requirements outlined in the application drafting form.

Supervisor Signature		Supervisor Name	Title
		Organization	Phone <span style="float: right;">Date</span>

## Candidate Signature

I have read the eligibility requirements and understand that I am responsible for knowing its contents. I certify that the information given in this application is accurate, correct and complete.

I authorize NACE to make whatever inquiries and investigations that it deems necessary or appropriate to verify my credentials and professional standing in order for me to qualify to sit for the certification exam for which I am applying. Further, I understand that the NACE will treat the contents of this application as well as all documents relating to certification as confidential, except as necessary to administer the certification program.

I understand that after earning the credential, I am responsible for complying with all obligations for maintaining the credential, including obtaining the required points within the specified time period and for making application for renewal of my certification. I further understand that it is my responsibility to inform NACE Headquarters of any changes in my mailing address.

I have read and understand the information provided in the eligibility requirements and will abide by the same. I declare that all information provided on my application is true. I understand that false information may be cause for denial or loss of the credential. I understand that I can be disqualified from taking or continuing to sit for an examination or from receiving examination scores, or I may have my examination scores disqualified, if NACE, in its sole judgment, determines through either proctor observation or statistical analysis that I engaged in collaborative, disruptive, or other inappropriate behavior related to administration of the examination.

I further authorize NACE to release my current certification status at any time post-certification upon request, written or verbal. I acknowledge that it is the policy of NACE not to release information regarding the scores obtained on the exams or to release information regarding the number of times a candidate has sat for the exams.

Candidate Signature		Candidate's Printed Name
		Date

**Email this form, completed and signed, to [cpce@nace.net](mailto:cpce@nace.net)**