

**Request for NCSTD Endorsement of
State Travel Counselor Certification Program**

Date Submitted: _____

TIC Program Manager Name _____

Title: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Number of centers under direct control of your agency: _____

Number of travel counselors trained by your agency: (Fully: _____) (Partly: _____) _____%

Who else trains your staff: _____

Location of visitor centers: (please list and enclose a map) _____

Explain the training process for travel counselors in your state: (note examples such as training manuals, training tour itineraries, explanation of training activities and resources, etc.)

How frequently are your travel counselors re-certified? _____

Explain the process: _____

How many times do you allow a counselor to take the exam in a given year? _____

At what time of year is your certification examination administered? _____

Is it offered more than once? Yes No

If yes, how many times each year? _____

Enclose the two different versions of your state's certification examination as required by the guidelines, being sure to indicate on both versions the category in which each question falls. All materials will be kept in the strictest confidence by certification officials.

Notification of the results of NCSTD review of your examination will be forwarded within six weeks of application. Thank you for your time and efforts.

Return this form to: ATTN: NCSTD Travel Counselor Certification Program
National Councils Department
U. S. Travel Association
1100 New York Avenue, NW, Suite 450
Washington, DC 20005
ncstd@ustravel.org