



# CEM Faculty Application

After reviewing the faculty candidate requirements below, please submit your completed application and supplemental documents to IAEE at [cem@iaee.com](mailto:cem@iaee.com) or fax to 972-458-8119.

## CEM Faculty Candidate Requirements:

- IAEE member who holds CEM designation or who has at least ten years of experience in specific CEM content areas
- Has solid background and expertise in specific CEM content areas and a commitment to continue to develop knowledge and expertise
- Has knowledge of adult learning theory and presentation skills
- Be willing to attend face-to-face faculty training and complete internship before receiving teaching assignments. *Training is typically held before Expo!Expo! in December and participants are responsible for own travel and hotel accommodations.*
- Must speak highly of IAEE, the CEM Learning Program and its materials in all public settings
- Must deliver the CEM courses as instructed by IAEE
- Must not refer to content of CEM exams in any course setting

## Required Supplemental Documents:

- Biography indicating education, work experience, accomplishments and industry affiliations
- IAEE members not holding the CEM designation should provide an explanation if plans exist for working towards the designation
- Resume
- Three reference letters indicating teaching skills and subject matter expertise

### PERSONAL INFORMATION

<b>IAEE Member Number:</b>		<b>Date Submitted:</b>		
<b>Name:</b>		<b>Designation(s):</b> <input type="checkbox"/> CEM <input type="checkbox"/> CMP <input type="checkbox"/> Other:		
<b>Company:</b>		<b>Job Title:</b>		
<b>Mailing Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>E-mail:</b>		<b>Phone:</b>		<b>Fax:</b>
<b>Number of years in the exhibition an events industry:</b>				

### EDUCATIONAL BACKGROUND

<b>Highest Degree completed:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Course of Study:</b>
<b>College/University:</b>		<b>Date obtained CEM Designation:</b>	
<b>If you have not obtained your CEM, what about your experience would consider you a subject matter expert for a CEM course?</b>			

### TEACHING/PRESENTATION EXPERIENCE:

Conference/Event/Seminar	Topic/Subject/Title	Date and Location

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Why do you have an interest in serving as a faculty member for the CEM Program?

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If you would like to teach face-to-face courses, describe how you would prepare, deliver and evaluate a six-hour face-to-face CEM course utilizing experiential learning and adult learning theory.

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If you would like to teach online courses, describe how you would prepare, deliver and evaluate a four-week online CEM course utilizing experiential learning and adult learning theory.

**FACULTY INFORMATION:**

How many times per year are you willing to teach?      Minimum:      Maximum:

Do you have any travel restrictions?    Yes     No     If yes, please indicate:

Do you agree to attend faculty training and complete internship at Expo!Expo!?       Yes       No

If No, please explain:

Do you speak any other languages? (than English)

**COURSE INFORMATION:**

Please select the top THREE courses you believe you are most qualified to teach:

- |   |   |
|---|---|
| <input type="checkbox"/> Conference & Meeting Management    | <input type="checkbox"/> Floor Plan Development               |
| <input type="checkbox"/> Event Marketing                    | <input type="checkbox"/> Housing and Registration Management  |
| <input type="checkbox"/> Event Operations                   | <input type="checkbox"/> Security, Risk and Crisis Management |
| <input type="checkbox"/> Exhibition and Event Sales         | <input type="checkbox"/> Selecting Service Contractors        |
| <input type="checkbox"/> Facilities and Site Selection      | <input type="checkbox"/> Strategic Planning and Management    |
| <input type="checkbox"/> Financing, Budgeting and Contracts | <input type="checkbox"/> Consumer Show Management             |

I certify that the information contained in this application is correct, and I will comply with all CEM Faculty requirements:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit application to IAEE at [cem@iaee.com](mailto:cem@iaee.com) or fax 972-458-8119.**

For IAEE Office Use Only – 2/26/2016	
Date Received:	
Approved/Candidate Notified:	
Declined/Reason/Candidate Notified:	