



# Certified Spa Supervisor (CSS) Application

The Certified Spa Supervisor (CSS) designation recognizes those individuals who have demonstrated exemplary leadership and managerial abilities within a spa setting. Those who earn their CSS are seen as highly competent, respected professionals who are knowledgeable in their positions.

To apply for the CSS designation you should:

1. Purchase the Supervisory Skill Builders Workbooks.
2. Complete sections 1-9 of this application.
3. Have your direct supervisor complete the Recommendation and Employment Verification Form (section 8).
4. Return the complete application to the address below with an **updated resume, the appropriate fee, a job description and organizational chart that shows your position within the spa**

Return to: International SPA Association, Professional Certification  
 2365 Harrodsburg Road, Suite A325, Lexington, KY 40504 United States  
 Phone: 1.888.651.4772 or 1.859.226.4326 Fax: 1.859.226.4445 E-mail: [ispa@ispastaff.com](mailto:ispa@ispastaff.com)

## 1. Determine Eligibility

Please check the plan that applies to you.

**Plan A Eligibility – Currently Employed as a Spa Supervisor**

I have completed the Supervisory Skill Builders series. My manager has signed the series-completion acknowledgement on this form.

**AND**

I am employed full-time as a qualifying supervisor\* in a spa and have served in one or more such positions for a minimum of nine months.

**Plan B Eligibility – Expect to be Employed as a Spa Supervisor**

I have purchased and completed the Supervisory Skill Builders series.

**AND**

I understand that if I am accepted in the CSS program, I have six months from the time I successfully complete the CSS test to secure full-time employment as a qualified supervisor\* in a spa and have held one or more such positions for a minimum of three months. Once I verify this experience through a letter from my employer(s), I will be awarded the CSS designation.

## 2. Personal Data

Please provide your contact information. All written correspondence will be sent to the address you provide.

First Name:	
Last Name:	
Physical Address:	
City, State, Postal Code:	
Country:	
<b>Direct</b> Phone Number:	
Fax Number:	
<b>Direct</b> E-mail Address:	



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### 3. Professional Data

Position:	
Company Name:	
Mailing Address:	
City, State, Postal Code:	
Country:	
When did you begin?: (Month/year)	
Supervisor's Name:	
Supervisor's Phone:	

### 4. Supervisory Skill Builders Completion Acknowledgement Statement (Required for Plan A only)

Your direct supervisor must acknowledge below that the SSB series has been completed.

I hereby acknowledge that as the applicant's direct supervisor, \_\_\_\_\_ has completed the nine SSB workbooks. (name of applicant)

Direct Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Date \_\_\_\_\_

### 5. Payment Information

Enclosed is my payment of:  \$100 USD (ISPA member)  \$200 USD (Nonmember)  
\*If your company is currently a member of ISPA, all employees of that company are eligible for the member rate.

My check is enclosed in USD Funds payable to ISPA  I have included credit card payment information

Authorized Payment Amount (USD\$): \_\_\_\_\_

Charge to:  American Express  Visa  MasterCard  Discover

Card Number: \_\_\_\_\_ Card Holder Name: \_\_\_\_\_

Expiration: \_\_\_\_\_ Signature: \_\_\_\_\_



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## 6. Test Location

If you plan to take your examination through a proctor, please provide the necessary information below. A proctor is the person who will administer your examination. A proctor may be an ISPA member, spa-related educator, or your direct supervisor. Relatives cannot be proctors. Please obtain consent from this individual before submitting his or her name; your examination will be sent to your proctor once the application is approved. Once your proctor receives the exam, you have 30 days to take the exam.

OPTION 1 – A PROCTORED EXAM	
Name (Mr/Ms)	Title
Company	Business Phone
Address	Business Fax
City/State or Province	Postal Code/Country
Affiliation with applicant	E-mail

If you plan to take your exam at a test site, please provide the location and data below. Please refer to [www.experienceispa.com](http://www.experienceispa.com) for an updated list of test sites.

OPTION 2 – ISPA EVENT	
Location:	Date of Test:

## 7. Certification Agreement

Please read the following Certification Agreement and sign and date it at the bottom. Your signature below is required to process your application.

The information I have provided is accurate. I understand that acceptance into the CSS program is based on this application and any support materials I have enclosed. I give the International SPA Association permission to thoroughly investigate my past employment, education and professional development activities. I release from liability all persons and companies supplying such information. I indemnify all persons I have listed in this application against any liability, which might result from such an investigation. If I am accepted as a CSS candidate, I will have six months to complete all program requirements. If I do not complete the program within six months I will have to re-apply and submit all fees. All application fees are non-refundable. I agree to hold the International SPA Association harmless from any and all liability in the event this application is rejected on the basis of the information furnished by me or third persons, which would, in the judgment of the International SPA Association, make me ineligible for certification. I understand that the International SPA Association does not certify, endorse or guarantee competence. I also acknowledge that the International SPA Association merely tests or measures knowledge of a limited subject matter at a given point in time. I agree to accept the International SPA Association's decision as to my eligibility for this certification.

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



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Have your direct supervisor complete the Recommendation and Employment Verification Form.

## 8. CSS Recommendation and Employment Verification Form

Please complete the information below on behalf of the individual applying for certification. Acceptance into the CSS program is contingent on verification of employment. The applicant has been directed to give this form to an immediate supervisor or corporate representative. ISPA will not accept verification statements from relatives of potential certification candidates.

PLEASE TYPE OR PRINT CLEARLY

I verify that (applicant name)	
Has been employed with (company name)	
In the position of (title)	
Start Date (month/year)	through (month/year)
His/Her responsibilities include:	
Additional Comments:	

Based on the applicant's experience and competence:

- I verify that the above information is true and understand that any misinformation provided may affect the candidacy of stated CSS applicant. I recommend this individual for the CSS program and verify that the candidate currently holds a qualifying supervisory position. I will, if called upon, answer any questions regarding the employment of the stated CSS applicant.
- I do not recommend this person for acceptance as a CSS candidate.

Signature	Date
Name	Title
Company	
Mailing Address	
City/State or Province	Postal Code/Country
Business Phone	Fax
E-mail	

\*A qualified supervisor can be defined as a person who:

- Supervises one or more individuals.
- Has job duties that are at least 20 percent supervisory in nature and include such tasks as scheduling, training, interviewing, disciplining and conducting performance reviews.
- Makes decisions and judgment calls while performing daily duties.
- Has input on hiring and firing decisions within a department.



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## 9. Return Application

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