To receive CARPHA's Caribbean Travellers Health Assurance Stamp and WTTC Safe Travels Stamp as part of CHTA's Health Safety Commitment - which includes Listing on CHTA's Website & CaribbeanTravel.Com Consumer Website – the **company/organization** is required to undertake the following steps:

* Adopt best practices from the [guidelines and checklists](https://member.caribbeanhotelandtourism.com/page/TravelGuidelinesandChecklists) developed by the CARPHA-CTO-CHTA-OECS-GTRCMC COVID-19 Task Force for Safely Resuming Business Operations and Restoring Caribbean Tourism in 2020 and Beyond.
* Be awarded the CARPHA-CTO-CHTA Traveller’s Health Assurance Stamp for Healthier Safer Tourism (HST) – a marketing tool to build consumer trust available to all Caribbean countries - based on the following two verifiable requirements:
  + Certificate of Participation of the COVID-19 Health Measures for Hospitality Sector: “[*COVID-19 Essential Health Guidelines for Hospitality Sector*](http://www.caribbeanhotelandtourism.com/caribbean-tourism-health-safety-training-series/)*”* Training Webinar presented by the Caribbean Public Health Agency (CARPHA) in collaboration with CHTA. **10% of all staff, including senior management, must attend and receive a certificate of participation to qualify for the HST stamp.**
  + Registration and reporting for **at least one month** on the web based and confidential CARPHA [*Tourism Health Information system (THiS*](http://this.carpha.org/)*).* Registration in *THiS* provides listing in the CARPHA voluntary self-reporting Mobile App for travelers.

**Important: CARPHA’s Caribbean Traveller’s Health App as of September, 2020 includes only listing of CARPHA member states(Anguilla, Antigua & Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, Bonaire, British Virgin Islands, Cayman Islands, Curacao, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saba, St. Eustatius, St. Kitts & Nevis, St. Lucia, St. Maarten, St. Vincent & Grenadines, Suriname, Trinidad & Tobago and Turks & Caicos), however CARPHA and CHTA are working on expanding the listings to include other countries.**

* Complete applicable webinars to your business from the [Caribbean Tourism Health Safety Training Series](http://www.caribbeanhotelandtourism.com/caribbean-tourism-health-safety-training-series/). Attendance is mandatory by your Health Safety Management Team or Point Person.
* Develop and implement training for all employees using the resources available via your company/brand, your national hotel and tourism association and CHTA (including real-time participation and on-demand access to the webinars facilitated via the Caribbean Tourism Health Safety Training Series).
* Once above steps are completed, please **fill out the \*Pledge Form\* provided on the second page** and submit to [information@caribbeanhotelandtourism.com](mailto:information@caribbeanhotelandtourism.com).

Please note, CHTA non-members can apply to receive the WTTC Safe Travels Stamp for an administrative charge from CHTA of US$50.00.

**PLEDGE FORM**

We [**name of company/organization**] share the principle that the safety and well-being of employees and guests of our business is of the highest priority and cannot be compromised.

**To honor this principle, we have completed the required steps and commit to the following objectives:**

* Adherence to the Industry’s High Standards of Health Safety & Quality Service
* Reconfiguring Business Operations to Minimize Health Safety Risks and to Protect the Safety of Employees, Visitors and Guests
* Integrating Technology, Digitization and Innovation to minimize health safety risks
* Ongoing Participation and Engagement of Managers, Supervisors, Employees and Appropriate Vendors in Health Safety Education and Training
* Ensuring Clear Communication and Messaging to Guests and Employees
* Collaboration and Partnerships with the Industry and Hotel and Tourism Association, Boards or Ministry’s of Tourism, Public Health Officials, and Other Stakeholders
* Be awarded the CARPHA Healthier Safer Tourism Stamp (HST)

We [**name of company/organization**] share the principle that the safety and well-being of employees and guests of our business is of the highest priority and cannot be compromised.

Signature Business Representative Business Representative (Type Name)

Company Business Representative Title

Country Business Representative Email

Date

**Health Safety Management Team or Point Person – information below to be completed**

Name:

Title:

Company:

Email Address:

Telephone Number: