



WE ARE A LEADER
WE WORK WITH LEADERS



APPLICATION FOR ACCREDITATION (PROFESSIONALS)

LAST NAME

FIRST NAME

ADDRESS

PHONE NUMBER

WEBSITE

E-MAIL

NAME OF EMPLOYER

NATURE OF BUSINESS

POSITIONS

ADDRESS

PHONE NUMBER

WEBSITE

E-MAIL

Full-Time

Part-Time

Hourly

By Project

EXPLAIN:

EDUCATIONS

List all college/university education, beginning with the most recent.

Name of Institution	Location	Major	Degree and Date Received	Dates Attended
---------------------	----------	-------	--------------------------	----------------

CERTIFICATE/LICENSE

List any certificate(s) or license(s) now held.

Name of Certificate/License	Name of Provider	Date Received	Expiration Date

EMPLOYMENT

List each position you have held for the past SEVEN years, beginning with the most recent.

Name of Employer	Title	Duties	Dates Employed

LANGUAGES - SPEAK, READ, OR WRITE AND TO WHAT EXTENT

1. SPEAK % READ % WRITE %
2. SPEAK % READ % WRITE %
3. SPEAK % READ % WRITE %

LIST PERSONS WHO HAVE RECOMMENDED YOUR INSTITUTE

1)

LAST NAME	FIRST NAME	OCCUPATION
-----------	------------	------------

PHONE	E-MAIL
-------	--------

2)

LAST NAME	FIRST NAME	OCCUPATION
-----------	------------	------------

PHONE

E-MAIL

3)

LAST NAME

FIRST NAME

OCCUPATION

PHONE

E-MAIL

EMERGENCY CONTACT

LAST NAME

FIRST NAME

RELATION

ADDRESS

PHONE

E-MAIL

ACCREDITATION

Have you previously applied for any accreditation?
If yes, when and where?

Yes

No

Are you the member of any international accreditation?
If yes, where and Accreditation status?

Yes

No

MEMBERSHIPS

Are you currently a member of any professional organization?
If yes, name and address of organization(s)?

Yes

No

Have you previously been member of any professional organization(s)?
If yes, name and address of organization(s)?

Yes

No

I certify that to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information, or any other information upon which my admission is based, is not true or complete, the ACIBP may rescind my employment. I further agree that, if admitted, I will abide by the rules and regulations of the ACIBP including, but not limited to, those rules contained in the current ACIBP catalog and Faculty Handbook. I understand that all official documents submitted for admission consideration become the property of the ACIBP and will not be forwarded to another institution/organization nor returned to me. I also understand that acceptance to ACIBP is subject to verification of final records from all institutions/organization I have attended and worked.

PUBLISHING PERMISSION: *I do hereby grant my permission for ACIBP to publish my name and credentials in ACIBP's catalog, website, and other ACIBP publications.*

AT THE DISCRETION OF THE ACCREDITATION COMMITTEE, APPLICANTS MAY BE INITIATED FOR AN ORAL INTERVIEW.

“The Data Sheet should be updated annually”

Las Name

First Name

Signature

Date

ACIBP/CCIBP do not unlawfully discriminate on the basis of race, color, national or ethnic origin, religion, age, sex, handicap or prior military service in administration of its accreditation policies, admission, program or activities.

ACCREDITATION COUNCIL
FOR INTERNATIONAL BUSINESSES & PROFESSIONALS