

## ACCREDITATION APPLICATION

**1. Review the eligibility requirements prior to submitting the accreditation application. Specifically, you must have:**

- **Five** years of professional communication experience is required with a four-year university degree.
- **Seven** years of professional communication experience is required with a two-year degree.
- **Nine** years of professional communication experience is required if you do not have a college degree.

**2. Attach or send a current résumé/CV with the application. Your résumé/CV should include:**

- Education – List degrees, seminars, certificates, credentials and additional development with completion date.
- Experience – List company info, position, years in position and brief description of communication responsibilities, including staff management, area of communication focus and project highlights.

**3. Submit the completed application with payment in one of the following ways:**

- Mail to: IABC, Attn: Accreditation, 601 Montgomery Street, Suite 1900, San Francisco, CA 94111 USA.
- Fax to: +1 415.544.4747
- E-mail: [recognition@iabc.com](mailto:recognition@iabc.com). (If you prefer, you may provide the Accreditation Manager with your credit card information by calling +1 415.544.4700.)

**CONTACT INFORMATION:**

Name: \_\_\_\_\_

Title or position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

IABC Member ID # \_\_\_\_\_ Chapter/Region \_\_\_\_\_

Member-at-large \_\_\_\_\_

Have you pursued accreditation in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain reasoning for applying a second time \_\_\_\_\_

Are you currently participating in an Accreditation Completion Program (ACP group – 5+ participants for the discount)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Chapter \_\_\_\_\_

Name of IABC ACP Leader Contact \_\_\_\_\_ Email \_\_\_\_\_

## CANDIDATE STATEMENT

I fully understand that this is an application for enrollment purposes only in order to successfully complete the requirements for IABC accreditation. To become accredited, I must submit a portfolio. I also understand that after receiving permission to proceed that I must successfully complete written and oral examinations within ONE YEAR of the portfolio submission deadline and supply other pertinent information as requested by the accreditation committee. I further understand that any false statements or misrepresentations I make in the course of these proceedings will result in the revocation of this application. In addition, I understand that no refunds will be issued under any circumstances.

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

## ACCREDITATION FEES

- Current IABC Member:  
US \$500
- Accreditation Join & Go  
(if not a current member):  
US \$800

### Method of payment:

- Check
- Visa
- MasterCard
- American Express

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Amount: \_\_\_\_\_

***PLEASE DOUBLE CHECK CREDIT CARD INFORMATION FOR ACCURACY!***

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!**

**Only one courtesy email will be sent asking for missing portions of the application. Please check that you have completed ALL of the applicable information before submitting.**