

ACCREDITATION APPLICATION

Directions:

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 the 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. Upon completion of the application, submit it 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. Should you wish to pay with a credit card and are concerned about security, you can call +1 415.544 .4700 to speak to Stacey Thornberry.

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 _____

Are you currently participating (or do you plan to participate) in an Accreditation Completion Program? ____ yes ____ no

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, and supply other pertinent information as requested by the accreditation council. 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.

Signature: _____

Date: _____

Accreditation Fees

- Member:** US \$320
- Accreditation Join & Apply:** US \$620

Method of payment: Please indicate one below

- Check**
- Visa**
- Mastercard**
- American Express**

Credit card number: _____ **Expiration date:** _____

Amount: _____

Note: If you choose to pay by check we cannot process your application until we receive your payment by mail.