

IABC

Application for IABC Accreditation

Name: _____

Title or position: _____

Employer: _____

Business address: _____

City: _____ State/Province: _____ Country: _____

Zip/Postal Code: _____ Phone: _____

FAX: _____ E-mail: _____

Experience in business organizational communication in a full-time capacity:

From _____ to _____

Education: Highest level achieved: _____ Degree/Major: _____

Institution: _____ Year earned: _____

Supplemental education. (List specific graduate courses or seminars in the past two years. Use extra sheet of paper, if necessary.)

IABC membership:

Chapter name _____ or member-at-large _____

Nonmember _____

I would prefer to take the examination in (circle one): English/French/Spanish.

If this is not your native language, please check here ____

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Please note any disability that would require special arrangements for taking the written or oral examinations:

I would prefer to take the examination at:

The International Conference in _____

My own district conference in _____ Other location _____

Information on present position

Please provide information on your present position.

Employer: _____

Title or position: _____

Length of tenure with this title or position: _____

Immediate supervisor: _____ Title: _____

What percentage of your time is devoted to each of these functions?

- | | |
|--------------------------------|--|
| _____ Communication management | _____ Internal communication (general) |
| _____ Public relations | _____ Internal publications |
| _____ External publications | _____ Audio-visual presentations |
| _____ Photography/design | _____ Communication teaching |
| _____ Communication research | _____ Other (specify) |

What does your employer view as your primary function? _____

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How many communication people do you supervise (directly or indirectly)? Explain:

Describe your range of authority to make major decisions regarding your organization's communication activities:

Information on prior positions

Please provide information on your prior positions in communication (including prior positions with your present employer), beginning with the most recent. Attach additional sheets as required.

Employer: _____

Title or position: _____

Business address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

IABC

Length of tenure with this title or position, from _____ to _____

Immediate supervisor: _____ Title: _____

What percentage of your time is devoted to each of these functions?

- | | |
|--------------------------------|--|
| _____ Communication management | _____ Internal communication (general) |
| _____ Public relations | _____ Internal publications |
| _____ External publications | _____ Audio-visual presentations |
| _____ Photography/design | _____ Communication teaching |
| _____ Communication research | _____ Other (specify) |

What does your employer view as your primary function? _____

How many communication people do you supervise (directly or indirectly)? Explain:

Describe your range of authority to make major decisions regarding your organization's communication activities:

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How did you hear about accreditation? _____

Did anyone refer you to the Accreditation process? ____ yes ____ no

Name _____

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

Statement by candidate

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 \$290 or CDN \$348

Nonmember: US \$500 or CDN \$600

Accreditation Join & Go: US \$570 or CDN \$636

Method of payment: Please indicate one below

- Check
- Visa
- Mastercard
- American Express

Credit card number: _____

Expiration date: _____

Amount: _____

Currency: _____

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

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Submitting the application:

Mail to: IABC, Attn: Accreditation, One Hallidie Plaza, Suite 600, San Francisco, CA, 94102, USA. **Fax to:** +1-415-544-4747 **Email to:** onucum@iabc.com