

Information provided on this application is solely for the purpose of identifying candidates for certification and will not be shared with anyone outside IAHS without the candidate's expressed permission.

The fee of \$500.00 (US Funds) is enclosed with the completed application form. I understand there is no refund should we fail to meet the certification criteria and that a new application must be submitted for re-examination.

Send completed application and fee to:

IAHSS

P.O. Box 5038

Glendale Heights, IL 60139

Telephone: (888)353-0990 (630)529-3913 Fax: (630)529-4139

I verify the above information to be correct and accurate.

Manager/Director Security Signature

Print Name

Date

Administrator/ Director Human Resources Signature

Print Name

Date

DO NOT WRITE BELOW THIS LINE

Date received _____

Certification: Achieved _____ Failed _____

Notification sent _____

Certification Number _____

Comments:

Photocopy as necessary for additional space.

ProgramofDistinction2012

