



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 \$250.00 (US Funds) is enclosed with the completed application form. I understand there is no refund should we fail to meet the renewal 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**

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Date received \_\_\_\_\_

Certification: Achieved \_\_\_\_\_ Failed \_\_\_\_\_

Notification sent \_\_\_\_\_

Certification Number  
\_\_\_\_\_

Certification renewal granted:  
\_\_\_\_\_

Comments:

Photocopy as necessary for additional space.

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