



Certified Organizational Ombudsman Practitioner® Certification Application

Name: _____

Mailing Address: _____

Title: _____ Organization: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Have you passed the Board of Certification Examination? Yes No

If "Yes," please indicate the date of the exam and attach a copy of the Examination Results Statement: _____

Do you hold a Bachelors Degree or equivalent degree from an institution of higher education? Yes No

Institution: _____ Date of Degree: _____

Would you like a letter sent to your supervisor indicating that you have been certified? Yes No

If yes, please provide supervisor's name and address: _____

If you do not hold a Bachelors Degree, please describe your equivalent degree, professional experience or academic work:

Have you in the most recent four years held the position of Organizational Ombudsman and adhere to IOA's Code of Ethics and Standards of Practice? Yes No

Length of time in the Position: _____ Is or was this position full-time? Yes No

If your position is not full-time, what percentage of time is it? _____% For what length of time? _____ years

List and attach documentary evidence that demonstrates your adherence to the IOA Code of Ethics and Standards of Practice in your position (i.e. Office charter, brochure, position description). If this information is available online, please provide the URL.

Please attach a verification of the length of your employment in the qualifying position(s).

Non-Refundable Application Fee \$150.00 USD

The Certification Application must include evidence of having passed the Certification Examination during the three years prior to the date of receipt of this application. Please note: a signed Certification Agreement Form *must* accompany this application for processing.

American Express Discover MasterCard Visa or Check (drawn on a US Branch, payable to "IOA")*

Credit Card Number: _____ Expiration: _____ CVV: _____

Card Holder's Name: _____

Signature: _____ Date: _____

Due to PCI compliance, IOA cannot receive credit card information via scan/email. All other required documents may be scanned/emailed without credit card information. Please complete the information above and fax this form to +1-206-367-8777.

*Check payments should be sent to: IOA - Board of Certification, 2150 N 107th St, #205, Seattle, WA 98133

Please scan and return this form and required documentation and signed Certification Agreement Form to:

Attn: certification@ombudsassociation.org
Phone: +1-206-209-5275; FAX: +1-206-367-8777