



# Certified Organizational Ombudsman Practitioner® Recertification Agreement Form

## Recertification Agreement Form

- I attest that all the information I have provided in connection with my application for recertification is truthful and complete.
- I grant the Board of Certification permission to contact persons or organizations identified herein and in documentation supplied herewith to verify the contents of this application.
- I have read and I agree to continue to be bound by the policies of the Board of Certification, including the Ethics Complaint Procedure.
- I attest that during my period of certification, I have not served in a position titled “organizational ombudsman” which did not permit adherence the IOA Code of Ethics and Standards of Practice.
- In particular, I understand that if I receive recertification status, I will use the CO-OP® credential only in the manner permitted by the Board of Certification. I understand that I am receiving a limited, revocable, nonexclusive, non-divisible, non-transferable license to use the certification credential only as permitted herein and in rules adopted by the Board of Certification, and only for as long as my certification remains current. I will be entitled to use this credential unless and until a) the recertification lapses after four years and is not renewed through the process of recertification; b) I serve in a position with the title “organizational ombudsman” but I am unable to adhere to the IOA Code of Ethics and Standards of Practice in that position; c) I am subject to a disciplinary process, as specified in the Board of Certification’s Ethics Complaint Procedure, which results in suspension or revocation of the credential; or d) the certification program ceases to exist. In the case of b) above, I understand that it is my obligation to notify the Board of Certification and to voluntarily surrender any right I might have to use the credential. In the case of any investigation of an alleged violation of policies of the Board of Certification, I agree to cooperate with the Professional Practices Committee.
- I understand that the CO-OP® credential may be used as an indication of professional knowledge and experience solely by an individual who possesses a current certification granted by the Board of Certification. I understand that the certification credential may be used in office signage, resumes, websites, business cards, presentations, introductions, and electronic signatures. I understand that the CO-OP® credential may not be used to endorse any product or service; as a company, product or brand name; or in any altered or modified form, that is, involving any change in the appearance or wording, or in combination with other graphic material. The CO-OP® designation should always be accompanied by the “®” symbol.
- I agree that, if I am granted recertification, I will keep the Board of Certification informed of changes to my contact information.
- I agree that any disputes that are not resolved through the stated policies and procedures of the Board of Certification will be resolved exclusively under the law of, and in the courts of, the state in which the Board of Certification’s offices are located.
- I UNDERSTAND THAT I AM NOT RECERTIFIED UNTIL SUCH TIME, IF ANY, AS MY RECERTIFICATION APPLICATION IS APPROVED AND THIS AGREEMENT IS ACCEPTED AND EXECUTED BY THE BOARD OF CERTIFICATION AND RETURNED TO ME

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Representative For Board of Certification)

*If the applicant is approved for recertification, this Agreement will be counter-signed by an appropriate representative of the Board of Certification and returned to the recertified practitioner.*

**Please return this completed form along with all PDH documentation and your Recertification Application Form by email to:**

**certification@ombudsassociation.org**