



Candidate for CO-OPSM Application

Name: _____

Mailing Address: _____

Title: _____ Organization: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Please indicate the date within the past three years upon which you passed the Board of Certification Examination and attach a copy of the Examination Results Statement: _____

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

Institution: _____ Date of Degree: _____

If you do not hold a Bachelor's 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, Organizational Ombuds, or its equivalent? 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 level of 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. If you are unable to practice fully to the IOA Code of Ethics and Standards of Practice, please describe that here (or attach additional sheets as needed):

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

Non-Refundable Application Fee \$95.00 USD

The 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 Candidate for CO-OP 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: _____

IOA cannot receive credit card information electronically. All other required documents may be scanned and emailed without credit card information. For payments by credit card, please complete the information above and mail to below address or 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 Candidate for CO-OP[®] Agreement Form to:

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