

## **Candidate for CO-OP® Renewal Application Form**

Name:	
Address:	
Phone Number:	E-mail Address:
Date Submitted:	Date Certified:
Organization:	Membership ID Number:

The Candidate for CO-OP® credential requires renewal every four years. Renewal demonstrates that the practitioner has kept abreast of developments in the field and has maintained a level of professional knowledge consistent with status as a practitioner.

The Candidate status begins on the date of approved eligibility (or renewal) granted by the Board of Certification. The Candidate may apply for renewal at any time during his or her final year of Candidate status, but it is suggested that Candidates begin the process of renewal at least 60 days in advance of the expiration to avoid a lapse. A Candidate who does not renew prior to the expiration of the current four-year period will be treated as a new applicant. The Appeals Committee may consider requests for exceptions to this policy.

Renewal is contingent upon documentation of 60 Professional Development Hours (60 PDHs) of continuing professional education during the previous four-years. PDHs will be calculated on an hour-for-hour basis. Thus, attendance at an approved three-hour workshop will be credited as three PDHs. However, the sixty hours do not need to be evenly distributed among the four years. That is, 15 PDHs per year are not required; an applicant may have five PDHs one year and 25 another year.

## PDHs must have prior approval by the recertification committee and be submitted to IOA Headquarters for official tracking. (See Professional Development Hours Documentation Form).

Along with this completed application, the applicant must submit:

- A signed Certified Organizational Ombudsman Practitioner Recertification Agreement Form
- Documentation of approved 60 hours (PDHs) of training
- Application Fee of \$125 (This fee is non-refundable)

## METHOD OF PAYMENT

Checks or money orders should be in United States funds, payable to the	International Ombudsman Association. Credit cards are accepted. No
electronic funds transfers (EFT's) are permitted. IOA Federal ID # 54178	5444

\_\_\_ Check will be mailed. (Drawn on a US Branch, payable to "IOA"\*)

\_\_\_\_ Credit Card payment. We accept: 
American Express 
Visa 
MasterCard 
Discover

Credit Card #:	Exp. Date:	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.

Please Send Completed Form To:

International Ombudsman Association

2150 N 107th St, #205 Seattle, WA 98133, USA Phone: +1-206-209-5275 Fax: +1-206-367-8777 certification@ombudsassociation.org