

Certified International Financial Accountant Application Form

Application information

Full name:

Last

First

M.I.

Date:

Address:

Street address

Apt./Unit #

Phone:

City

State

Zip Code

Email:

Education

Name of Institution	Degree Type	Year Granted

Employment

Position Held	Name of Employer	Period of Employment

Relevant Experience

None _____ Less than 1 year _____ 1-2 years _____ 2-4 years _____ More than 4 years _____

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Waiver Form

I certify that the information declared in the application form for membership and certification is correct. If I would misrepresent my credentials or allow my membership in the Institute of Certified Business Consultants® to lapse, I understand and agree that my ICBC Status will be revoked, and my membership terminated. I affirm that all the information that I have provided to ICBC is true, correct, and complete and I agree to hold harmless and indemnify the ICBC and its Officer, directors, employees, and agents for any misrepresentations of my credentials and for all claims, loss, damage, judgment, or expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation in the last ten years and I am not under any investigation by any legal or licensing board.

Membership of ICBC does not constitute the grant of a license or other licensing authority by or on behalf of the organization as to a member's qualifications, abilities, or expertise.

The Institute of Certified Business Consultants® does not endorse, guarantee, or warrant the credentials, work, or opinions of any individual member.

Signature

Date: (mm / dd / yyyy)

Print Name