

Information provided on this application is solely for the purpose of identifying candidates for certification and will not be shared with anyone outside IAHSW without the candidate's expressed permission.

The fee of \$500.00 (US Funds) is enclosed with the completed application form. I understand there is no refund should we fail to meet the certification criteria and that a new application must be submitted for re-examination.

Send completed application
and fee to: IAHSW
8420 W. Bryn Mawr Ave., Suite 1020
Chicago IL 60631
Telephone: (888)353-0990 (630)529-3913 Fax: (630)529-4139

I verify the above information to be correct and accurate.

Manager/Director Security Signature Print Name Date

Administrator/ Director Human Resources Signature Print Name Date

**DO NOT WRITE BELOW
THIS LINE**

Date received _____ Certification: Achieved _____ Failed _____

Notification sent _____ Certification Number _____ Comments:

Photocopy as necessary for additional space.