



# Registered Global Credit Professional (RGCP™) Application

Thank you for your interest in the ICTF Registered Global Credit Professional (RGCP™) designation. Please complete the application and email it to: [info@ictfworld.org](mailto:info@ictfworld.org). Alternately, you may mail your completed application to the address below.

**ICTF, 1820 Lancaster Street, Suite 210, Baltimore, Maryland 21231 USA**

The ICTF Accreditation Team will review your application and respond within two to four weeks. The RGCP™ designation is intended for individuals who are currently employed in the field of international trade credit and trade finance. If additional space is required, please attach extra pages. Candidates must choose one of the following paths and meet the specific requirements:

- Path 1: ICTF/Thunderbird Online Course: Essentials of International Credit and Trade Finance™
- Path 2: Current Professional Designation and Experience

## Section 1 – Applicant Information

Name (please print as it will appear on certificate): \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company Address (City/State/Zip): \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

## Section 2 – Educational Experience

Undergraduate and Graduate Degrees. International Trade Credit and Finance Programs of Study.

College/University: _____	College/University: _____
City/State or Province/Country: _____	City/State or Province/Country: _____
Degree and Major: _____	Degree and Major: _____
Date Received: _____	Date Received: _____

Do we have your permission to verify your degree(s)?  Yes  No  
Please attach a copy of your diploma(s).

## Section 3 – Work Experience

List chronologically, most recent first.

From: _____ To: _____ Title: _____	From: _____ To: _____ Title: _____
Company Name: _____	Company Name: _____
Work Mailing Address: _____	Work Mailing Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____
Immediate Supervisor: _____	Immediate Supervisor: _____
Job Duties: _____	Job Duties: _____
_____	
From: _____ To: _____ Title: _____	From: _____ To: _____ Title: _____
Company Name: _____	Company Name: _____
Work Mailing Address: _____	Work Mailing Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____
Immediate Supervisor: _____	Immediate Supervisor: _____
Job Duties: _____	Job Duties: _____
_____	

Do we have your permission to verify your work experience?  Yes  No  
Please attach a copy of your resume/cv, if available.

### Section 3 – Work Experience (continued)

Check the areas in which you have experience and provide a description in the text box below.

- Assessment of Foreign Customers and Markets
- International Financial Statement Analysis
- International Credit Policies and Procedures
- International Credit Portfolio Management
- International Collections
- International Bankruptcies
- International Business Travel/Customer Visits
- Country Risk Knowledge and Evaluation
- General Knowledge of Country Legal Systems
- International Economics
- Cultural Awareness and Negotiations
- International Banking Practices
- Foreign Exchange Management
- Cross-Border Cash Management
- International Trade Finance
- Supply Chain Finance
- International Payment Methods & Risk Mitigation
- Export Credit Insurance
- International Trade Documentation & Logistics
- International A/R Software and IT Systems
- Export Credit Agencies and Multilateral Trade Org.

#### Section 4 – Other Professional Designations

Designation	Association	Date Earned
_____	_____	_____
_____	_____	_____

Do we have your permission to verify your credit and trade finance designation(s)?  Yes  No  
Please attach copies of certificates.

#### Section 5 – Additional Experience

- a. Conferences, In-house training, etc... \_\_\_\_\_
- b. Teaching \_\_\_\_\_
- c. Speaking/Presenting \_\_\_\_\_
- d. Publications \_\_\_\_\_

#### Section 6 – ICTF and Other Professional Association Memberships

Are you a member of ICTF?  Yes  No

Please list any other international credit or finance groups of which you are currently a member.

\_\_\_\_\_  
\_\_\_\_\_

#### Section 7 – Other Qualifications and Information You Would Like Considered

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Accreditation Committee reserves the right to reject applications where information cannot be verified. ICTF does not discriminate based on race, sex, age, religion, national origin, sexual orientation or disability.

#### Section 8 – Payment/Application Fee

ICTF Member Fee: Free to apply  Non-Member Fee: \$50

Payment type:

Check enclosed  Visa  MasterCard  American Express  Invoice me

Cardholder Name \_\_\_\_\_

Credit Card Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_