



**APPLICATION FOR SUPERVISOR TRAINING
CERTIFICATION EXAMINATION 3rd Edition**

For Office Use Only

Applicant Information (print clearly):

Social Security Number (last 4 digits) _____
Name (first, last) _____
Mailing Address _____
City State ZIP _____
Telephone _____

Senior Member Information (print clearly):

Name (first, last) _____
Mailing Address _____
City State ZIP _____
Telephone _____ Fax _____

I request to be examined by written test for the award of certification for the IAHSS Supervisor Training Program. I have contacted the Senior Member above, who has agreed to administer this time-limited, closed-book examination to me. I understand I must answer at least 70% of the questions correctly to be certified for a three-year period.

The fee of \$100.00 (U.S. Funds) is enclosed with this completed application form. I understand there is no refund of this fee should I fail to obtain a passing score to be certified and that a new application form and fee must be submitted for re-examination.

Applicant	Senior Member
Signature _____	Signature _____
Date _____	Date _____

Send completed application and fee to:
IAHSS
PO Box 5038
Glendale Heights IL 60139
Telephone (888) 353-0990 (630) 529-3913 Fax (630) 529-4139

**Note: Examination is only
valid for 45 days from date
of issue.**

DO NOT WRITE BELOW THIS LINE

Date Received _____ Senior Member Status Verified By _____
Examination Serial Number _____ Date Sent _____

THIS APPLICATION MAY BE REPRODUCED