

<p style="text-align: center;">THE CERTIFICATE OF EDUCATIONAL RECOGNITION APPLICATION</p>
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Name: _____

Title: _____

Juris/Firm: _____

Address: _____

City: _____ State/Province: _____ Postal

Code: _____

Social Security #: _____ Phone: _____

Would our records have you listed another name? _____

If so, what would that name be? _____

Certificate Fees (You must be an IAAO member)
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☐ \$25.00 processing fee

Method of Payment

☐ Check Enclosed Total: _____

☐ Charge My: ☐ Visa ☐ Mastercard

Card #: _____ Expiration: _____

Signature: _____

Please list courses taken and include proof of completion
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Course Taken	Date/Location
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☐ Course #101 _____

☐ Course #102 _____

☐ Workshop #151 {Standards of Practice & Professional Ethics} _____

☐ Optional 30 Hour Course _____

☐ Optional 30 Hour Course _____

Please send to: IAAO Professional Development Department, 130 E. Randolph St., Suite 850, Chicago, IL, 60601