

## **Commissioner Application**

Name:		
Title:		
Company:		
Address:		
City:	State:	Zip Code:
Phone:		
Email:		
Accredited Provider Affiliation:		
IACET Individual Member [yes or no]:	Yes No	
Do you have security clearance?	Yes No	
If so, what level of security clearance do yo	ou have?	
Do you read, write and communicate in ar language(s). Yes No	ny language(s	s) other than English? If yes, please specify what
Instructions:		
Please submit the completed application <u>r</u>	no later than	1 5:00 pm EDT Friday, April 14, 2017.
words per question.  1. Describe your educational background backg	ound, creden erience. <i>Opt</i>	r as possible, however with no more than 200 ntial(s)/degree(s) and years of Continuing tional: In addition to the narrative, you may also

- 2. Describe your experience with utilizing the ANSI/IACET Standard in developing CE/T and/or assisted your organization in providing quality training.
- 3. Describe why you want to serve on the Commission.

Part II. Provide a 300-word biography that summarizes your q Commission. Note: Only biographies in paragraph format and		
I hereby affirm I have read and understand the <i>Commissioner Position Description</i> document including all duties, responsibilities, knowledge, skills and abilities required to serve as an IACET Commissioner. I agree to carry out the duties in accordance with these requirements to the best of my abilities.		
Electronic Signature:	Date:	