

## APPLICATION FOR ICRA APPROVED ASSESSOR

CANDIDATE NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DESIGNATION Applying for: \_\_\_\_\_

I am currently an ICRA member.  Yes  No

Are you currently an instructor in the field for which you are applying as an Assessor?  Yes  No

Do you have an affiliation with a school that teaches the subject matter in the field for which you are applying as an Assessor?  Yes  No

ICRA Policy for Approved Assessors (Assessor Policy) requires that all ICRA Approved Assessors shall be subject to renewal every FIVE years. According to the Assessor Policy, annual renewal shall be at the discretion of the ICRA, but subject to appeal to the ICRA's Assessment Board; subject to verification that the Assessor continues to meet all ICRA current approval criteria and has complied with all ICRA requirements to maintain such status, and has demonstrated compliance with all ICRA policies, procedures and requirements relating to the designation as an ICRA Approved Assessor during previous approval terms; and submission of a Renewal Application.

Now, therefore, in consideration of the ICRA's review of the Assessor's Application for Approved Assessor, and Assessor's payment of the requisite fee and submission of required documents specified herein, the ICRA and the undersigned Assessor understand and agree as follows:

### A. APPLICATION SUBMISSION PROCEDURES AND FEES.

1. All Applications and supporting materials shall be submitted to ICRA headquarters in an electronic format (e.g., CD, DVD, memory stick, electronic attachment (Word or PDF).
2. Applications and any supporting materials that are incomplete or unacceptable by the Assessment Board, may be returned to the applicant for further processing.
3. The requisite fee can be paid by check or credit card.

### B. POLICY COMPLIANCE.

The undersigned Assessor Candidate represents and warrants that he or she has read the ICRA Policies and Procedures, including but not limited to, the Assessor Policy and the specific Performance Assessment Committee (PAC) documents for the Performance Assessment Designation(s) (PAD) for which the Assessor Candidate is applying and agrees to comply with the current policy requirements and any revisions both during the time of this approval and subsequent renewals of this approval.

### C. RELATIONSHIP.

The Assessor candidate, if approved, is an independent contractor and is not employed by ICRA or any of the participating assessment center hosts. The parties understand and agree the ICRA does not employ assessors.

**D. ASSESSOR APPLICATION AFFIDAVIT.**

I, the undersigned Assessor Candidate, represent and warrant that I shall comply with the terms of this Application and all ICRA policies, procedures and requirements, including but not limited to the Assessor Policy and the specific Performance Assessment Committee (PAC) documents for the Performance Assessment Designation(s) (PAD) for which the Assessor Candidate is applying as they now exist or are hereafter revised or amended; and I agree that approval as an ICRA Approved Assessor, and the use of any ICRA Registered Mark or logo authorized by such approval, is expressly subject to compliance with the *ICRA Policy and Rules For The Use Of The ICRA Registered Marks*, as existing or hereafter amended; and I have read the foregoing Application and assert under penalty of perjury that the application answers and information provided have been reviewed and are complete, true and correct, and that any supporting application documents have been reviewed and are complete, accurate and authentic; and I will provide any further information which may be required in connection with this Application.

Assessor Candidate Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**METHOD OF PAYMENT**

**(PAYMENT MUST BE SUBMITTED WITH THIS APPLICATION AND AT LEAST 14 DAYS PRIOR TO ASSESSMENT, NON-REFUNDABLE)**

ICRA MEMBER  Assessor Application \$140.00

NON-ICRA MEMBER  Assessor Application \$500.00

CASH  (MUST BE U.S. DOLLARS)  CHECK # \_\_\_\_\_ CREDIT CARD: VISA  M/C  AMEX

CARD NUMBER: \_\_\_\_\_ V-CODE: \_\_\_\_\_ (last 3 or 4 numbers on back of card)

EXACT NAME AS SHOWN ON CARD: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_  
month year

Signature of Card Holder: \_\_\_\_\_ Payment Received By: \_\_\_\_\_