

Please Send Completed Form To:

Certified Organizational Ombudsman Practitioner® Recertification Application Form

Name:		
Address:		
Phone Number:	E-ma	ail Address:
Date Submitted:	Date	Certified:
Organization:	Mem	bership ID Number:
Continued use of the CO-OP [®] credential has kept abreast of developments in the certified practitioner.	requires recertification every four yea field and has maintained a level of pro	ars. Recertification demonstrates that the practitioner ofessional knowledge consistent with status as a
apply for recertification at any time durin at least 60 days in advance of the expira	g his or her final year of certified status ation of current certification to avoid a la	anted by the Board of Certification. The certificant may s, but it is suggested that candidates begin the process apse. A certificant who does not recertify prior to the candidate. The Appeals Committee may consider
education during the applicant's current a attendance at an approved three-hour w	four-year period of certification. PDHs orkshop will be credited as three PDHs	nent Hours (60 PDHs) of continuing professional will be calculated on an hour-for-hour basis. Thus, ls. However, the sixty hours do not need to be evenly an applicant may have five PDHs one year and 25
PDHs must have prior approval by the (See Professional Development Hours		submitted to IOA Headquarters for official tracking.
Along with this completed application, th A signed Certified Organizationa Documentation of approved 60 h Application Fee of \$150 (This fee	al Ombudsman Practitioner Recertification (PDHs) of training	ition Agreement Form
METHOD OF PAYMENT		
		Ombudsman Association. Credit cards are accepted. No
Check will be mailed. (Drawn on a US	Branch, payable to "IOA"*)	
Credit Card payment. We accept: 🗌	American Express 🔲 Visa 🔲 MasterCard	d 🗌 Discover
Credit Card #:	Exp. Date:	CVV:
Card Holder's Name:		
Signature:	Date:	

International Ombudsman Association

without credit card information. Please complete the information above and fax this form to +1-206-367-8777.

*Due to PCI compliance, IOA cannot receive credit card information via scan/email. All other required documents may be scanned/emailed

2150 N 107th St, #205 Seattle, WA 98133, USA Phone: +1-206-209-5275 Fax: +1-206-367-8777 certification@ombudsassociation.org