



Candidate for CO-OPSM Application

By Signing this Candidate for CO-OPSM Agreement Form:

- I attest that all the information I have provided in connection with my Candidate for CO-OPSM Application is truthful and complete.
- I grant the Board of Certification permission to contact educational institutions and employers to verify the contents of that Application.
- I have read and I agree to be bound by the policies of the Board of Certification applicable to persons holding the Candidate for CO-OPSM credential, as they are currently in effect or as modified in the future.
- In particular, I understand that if I attain Candidate for CO-OPSM status, I will use the Candidate for CO-OPSM credential only in the manner permitted by the Board of Certification.
- I understand that I am receiving a limited, revocable, nonexclusive, non-divisible, non-transferable license to use the Candidate for CO-OPSM credential only as permitted herein and in rules adopted by the Board of Certification, and only for as long as my Candidate for CO-OPSM status remains current. I will be entitled to use this credential unless and until: a) the Candidate for CO-OPSM status lapses after four years and is not renewed through the process of renewal; or b) I violate the terms of this agreement or the policies of the Board of Certification applicable to persons holding the Candidate for CO-OPSM credential; or c) the Candidate for CO-OPSM program ceases to exist.
- I understand that the Candidate for CO-OPSM credential may be used as an indication of professional knowledge and experience solely by an individual who possesses a current credential granted by the Board of Certification. I understand that the credential may be used in office signage, resumes, websites, business cards, presentations, introductions, and electronic signatures.
- I understand that the Candidate for CO-OPSM credential may not be used to endorse any product or service; as a company, product or brand name; or in any altered or modified form, that is, involving any change in the appearance or wording, or in combination with other graphic material. The Candidate for CO-OPSM designation should always be accompanied by the ® symbol.
- I agree that, if I am granted the Candidate for CO-OPSM credential, I will keep the Board of Certification informed of changes to my contact information.
- I agree that any disputes that are not resolved through the stated policies and procedures of the Board of Certification will be resolved exclusively under the law of, and in the courts of, the state in which the Board of Certification's offices are located.
- **I UNDERSTAND THAT I AM NOT ENTITLED TO USE THE CANDIDATE FOR CO-OPSM CREDENTIAL UNTIL SUCH TIME, IF ANY, AS MY APPLICATION IS APPROVED AND THIS AGREEMENT IS ACCEPTED AND EXECUTED BY THE BOARD OF CERTIFICATION AND RETURNED TO ME.**

Print Name: _____ Email: _____

Signed: _____ Date: _____
(Applicant)

Signed: _____ Date: _____
(Representative For Board of Certification)

If the applicant is approved for recertification, this Agreement will be counter-signed by an appropriate representative of the Board of Certification and returned to the recertified practitioner.

Please scan and return this form and required documentation and Candidate for CO-OP[®] Agreement Form to:

Attn: certification@ombudsassociation.org
Phone: +1-206-209-5275; FAX: +1-206-367-8777