

Name: _____

EXAMS TAKEN FOR CREDENTIALING

B. Examination History

Describe or provide name of exam(s) taken and date.
 Identify profession or source. Date:

Exams completed

- Professional Exam taken: _____
- Professional Exam taken: _____
- Professional Exam taken: _____
- Other Written Exam taken: _____
- Other: _____

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C. Education History

1. High School Attended	Dates of Attendance (From-To)	Highest Grade Completed	Year Graduated
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2. Colleges, Universities, And Technical Schools Attended	Dates of Attendance (From-To) (Month-Year)	Full Name of Degree Received*, **	Date Degree Received (Month-Day-Year)
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****Specify major in which degree was earned. **If no degree, indicate total credit hours earned, specify using semester or quarter system.***

Name: _____

D. Experience Employment Training History (Continued)

Employer/Firm Name: _____
 Employer Address: _____

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Dates of Employment						Length of Time		Status: Reported to; Check Appropriate Category					Type of Firm Check Appropriate Category					
FROM			TO			FULL TIME	*PART -TIME (LESS THAN 35 HRS PER WEEK)	EMPLOYEE W/ CREDIT/COLLECTION SUPERVISOR	EMPLOYEE W/OUT CREDIT/COLLECTION SUPERVISOR	CPA	CFO/TREASURER CONTROLLER OTHER	SELF-EMPLOYED	MANUFACTURER	WHOLESALE	BANKING	SERVICE INDUSTRY	TEACHING OR RESEARCH	OTHER**
M	D	Y	M	D	Y	✓	HOURS/ WEEK											

Current or Last Job Title @ Employer: _____
 Describe or list three (3) Primary Responsibilities while in this position:
 #1) _____
 #2) _____
 #3) _____
 Other comments: _____

Employer/Firm Name: _____
 Employer Address: _____

Dates of Employment						Length of Time		Status: Reported to; Check Appropriate Category					Type of Firm Check Appropriate Category					
FROM			TO			FULL TIME	*PART -TIME (LESS THAN 35 HRS PER WEEK)	EMPLOYEE W/ CREDIT/COLLECTION SUPERVISOR	EMPLOYEE W/OUT CREDIT/COLLECTION SUPERVISOR	CPA	CFO/TREASURER CONTROLLER OTHER	SELF-EMPLOYED	MANUFACTURER	WHOLESALE	BANKING	SERVICE INDUSTRY	TEACHING OR RESEARCH	OTHER**
M	D	Y	M	D	Y	✓	HOURS/ WEEK											

Current or Last Job Title @ Employer: _____
 Describe or list three (3) Primary Responsibilities while in this position:
 #1) _____
 #2) _____
 #3) _____
 Other comments: _____

Make additional copies of Form 1-5 as necessary and submit those additional sheets to CSB.

* If part-time work is noted, state average number of hours per week.
 ** If "other" kind of work is noted, describe on a separate page.

NAME: _____

G. Affidavit

“The applicant acknowledges that the Credentialing Standards Board (the Council) will compile and evaluate a Record with respect to all aspects of the applicant’s career. The applicant agrees to provide any additional information in connection with the investigation as may be required by the Council.

“The applicant hereby authorizes the Council to transmit the applicant’s Council Record and all other pertinent information obtained in the course of its investigation to any/all board members responsible for reviewing, evaluating and assessing a candidates application.

“In consideration of the services to be rendered by the Council, the applicant hereby releases, discharges, and exonerates the Credentialing Standards Board, its officers, directors, and agents from any and all liability of every nature and kind arising out of the transmission of information concerning the application.”

By checking the box below, the applicant acknowledges that he/she is the person making the foregoing statements, and that they are made in good faith and are true in every respect.

I acknowledge the foregoing statements.



Submit the entire Application for Council Record/Certificate and the appropriate filing fees.

Filing Fee to establish Council Record: \$125, Filing Fee for Accreditation Certificate(s): \$175

Filing Fee for second review for Accreditation Certificate(s): \$100

Make Checks Payable to;

Business Credit Management Association

CSB Council Records

PO Box 510157

15755 W. Rogers Drive, Ste 200

New Berlin, WI 53151-0157

Or [] Call to process credit card payment.

Or [] Invoice me at my company.

Applicant Print Name

Signature

Date