

## FORM 123 INSTRUCTION CHECKLISTS

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### APPLICANT

**Applicants! Refer to this checklist after completing the form.**

**To ensure timely processing, double-check that you have followed all instructions.**

- Yes \_\_\_ No \_\_\_ Does this form have an original signature from you and your supervisor? CSB cannot accept photocopied signatures.
- Yes \_\_\_ No \_\_\_ Have you signed and dated this form? You must sign and date the form before giving it to your supervisor for verification. Your supervisor should then mail the completed form directly to CSB. Be sure to give your supervisor the return envelope we have provided.
- Yes \_\_\_ No \_\_\_ Have you reminded your supervisor of the importance of completing item F with his or her date of initial registration (including foreign employers)?
- Yes \_\_\_ No \_\_\_ Did you include overtime work in your Training Unit totals? If so, you should indicate total hours worked per week (including overtime) in items 6 and III.
- Yes \_\_\_ No \_\_\_ Did you project the number of Training Units you will earn beyond the date your supervisor will sign the form? If so, be aware that projected Training Units will not be accepted. Item I from the Supervisor's section must be dated after the reported date in item III.
- Yes \_\_\_ No \_\_\_ Did you a separate Form 123 for each employment status change (part-time, full-time, relocation to out-of-state branch office, new employer, etc.)?
- Yes \_\_\_ No \_\_\_ If you are employed on a contractual basis, have you provided a letter indicating the extent to which you are/were subject to the direct and daily supervision and control of your supervisor?
- Yes \_\_\_ No \_\_\_ Have you indicated your mentor's name, employer, telephone number, and e-mail address? Your daily supervisor may serve as your Mentor.
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### SUPERVISOR

**Supervisors! Refer to this checklist after completing the form**

- Yes \_\_\_ No \_\_\_ Have you carefully reviewed item 1-11 of the Employment Verification section and I-IV of the IDP Training Unit Report section of this form (if applicable)?
- Yes \_\_\_ No \_\_\_ Have you completed items A-H of the Employment Verification section of this form?
- Yes \_\_\_ No \_\_\_ Sign and date the form, make a photocopy for your records, and mail original to CSB

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