



## Commissioner Application

Name:

Title:

Company:

Address:

City:

State:

Zip Code:

Phone:

Email:

Accredited Provider Affiliation:

IACET Individual Member [yes or no]:      Yes      No

Do you have security clearance?      Yes      No

If so, what level of security clearance do you have?

Do you read, write and communicate in any language(s) other than English? If yes, please specify what language(s).      Yes      No

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### **Instructions:**

Please submit the completed application **by March 15, 2021 at 9am ET.**

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### **Part I. Answer the following questions as completely as possible, however with no more than 200 words per question.**

1. Describe your educational background, credential(s)/degree(s) and years of Continuing Education and Training (CE/T) experience. *Optional: In addition to the narrative, you may also append your CV or resume to this application.*
  
2. Describe your experience with utilizing the ANSI/IACET Standard in developing CE/T and/or assisted your organization in providing quality training.
  
3. Describe why you want to serve on the Commission.

**Part II. Provide a 300-word biography that summarizes your qualifications to serve on the IACET Commission. *Note: Only biographies in paragraph format and 300 words or less will be accepted.***

I hereby affirm I have read and understand the *Commissioner Position Description* document including all duties, responsibilities, knowledge, skills and abilities required to serve as an IACET Commissioner. I agree to carry out the duties in accordance with these requirements to the best of my abilities.

Electronic Signature:

Date: