



Accreditation Council for International
Educational Institutions

APPLICATION FOR ACCREDITATION (PROFESSIONALS)

LAST NAME

FIRST NAME

ADDRESS

PHONE NUMBER

WEBSITE

E-MAIL

NAME OF EMPLOYER

NATURE OF BUSINESS

POSITION

ADDRESS

PHONE NUMBER

WEBSITE

E-MAIL

Full-Time

Part-Time

Hourly

By Project

EXPLAIN:

EDUCATIONS

List all college/university education, beginning with the most recent.

Name of Institution	Location	Major	Degree and Date Received	Dates Attended

CERTIFICATE/LICENSE

List any certificate(s) or license(s) now held.

Name of Certificate/License	Name of Provider	Date Received	Expiration Date

EMPLOYMENT

List each position you have held for the past SEVEN years, beginning with the most recent.

Name of Employer	Title	Duties	Dates Employed

LANGUAGES - SPEAK, READ, OR WRITE AND TO WHAT EXTENT

- | | | | |
|----|---------|--------|---------|
| 1. | SPEAK % | READ % | WRITE % |
| 2. | SPEAK % | READ % | WRITE % |
| 3. | SPEAK % | READ % | WRITE % |

LIST PERSONS WHO HAVE RECOMMENDED YOUR INSTITUTE

1)

LAST NAME	FIRST NAME	OCCUPATION
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PHONE	E-MAIL
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2)

LAST NAME	FIRST NAME	OCCUPATION
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PHONE	E-MAIL
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3)

LAST NAME	FIRST NAME	OCCUPATION
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PHONE	E-MAIL
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EMERGENCY CONTACT

LAST NAME	FIRST NAME	RELATION
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ADDRESS

PHONE	E-MAIL
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ACCREDITATION

Have you previously applied for any accreditation? Yes No
If yes, when and where?

Are you the member of any international accreditation? Yes No
If yes, where and Accreditation status?

MEMBERSHIPS

Are you currently a member of any professional organization? Yes No
If yes, name and address of organization(s)?

Have you previously been a member of any professional organization(s)? Yes No
If yes, name and address of organization(s)?

I certify that to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information, or any other information upon which my admission is based, is not true or complete, the ACIEI may rescind my employment. I further agree that, if admitted, I will abide by the rules and regulations of the ACIEI including, but not limited to, those rules contained in the current ACIEI catalog and Handbook. I understand that all official documents submitted for admission consideration become the property of the ACIEI and will not be forwarded to another institution/organization nor returned to me. I also understand that acceptance to ACIEI is subject to verification of final records from all institutions/organization I have attended and worked.

PUBLISHING PERMISSION: *I do hereby grant my permission for ACIEI to publish my name and credentials in ACIEI's catalog, website, and other ACIEI publications.*

“I have reviewed and understand the ACIEI Code of Ethics.”

AT THE DISCRETION OF THE ACCREDITATION COMMITTEE, APPLICANTS MAY BE INITIATED FOR AN ORAL INTERVIEW.

“The Accreditation Membership should be updated and renewed annually.”

Las Name

First Name

Signature

Date

ACIEI does not unlawfully discriminate based on race, color, national or ethnic origin, religion, age, sex, handicap, or prior military service in administration of its accreditation policies, admission, program, or activities.