



Certified Organizational Ombudsman Practitioner Certification Agreement Form

By Signing this Certification Agreement Form:

- I attest that all the information I have provided in connection with my application for certification is truthful and complete.
- I grant the Board of Certification permission to contact educational institutions and employers to verify the contents of this application.
- I have read and I agree to be bound by the policies of the Board of Certification, including the Ethics Complaint Procedure for Certified Organizational Ombudsman Practitioners.
- In particular, I understand that if I receive certification status, I will use the 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 certification credential only as permitted herein and in rules adopted by the Board of Certification, and only for as long as my certification remains current. I will be entitled to use this credential unless and until:
 - a) the certification lapses after four years and is not renewed through the process of recertification;
 - b) I serve in a position with the title “organizational ombudsman” but I am unable to adhere to the IOA Code of Ethics and Standards of Practice in that position;
 - c) I am subject to a disciplinary process, as specified in the Board of Certification’s Ethics Complaint Procedure, which results in suspension or revocation of the credential; or
 - d) the certification program ceases to exist.
- In the case of b) above, I understand that it is my obligation to notify the Board of Certification and to voluntarily surrender any right I might have to use the credential.
- In the case of any investigation of an alleged violation of policies of the Board of Certification, I agree to cooperate with the Professional Practices Committee.
- I understand that the CO-OPSM credential may be used as an indication of professional knowledge and experience solely by an individual who possesses a current certification granted by the Board of Certification. I understand that the certification credential may be used in office signage, resumes, websites, business cards, presentations, introductions, and electronic signatures.
- I understand that the 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 CO-OPSM designation should always be accompanied by the SM symbol.
- I agree that, if I am granted certification, 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 CO-OPSM CERTIFICATION CREDENTIAL UNTIL SUCH TIME, IF ANY, AS MY CERTIFICATION 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)

Please return this form with your completed Certification Application to:

IOA - Board of Certification
C/O Schroeder Measurement Technologies, Inc.
2494 Bayshore Boulevard, Suite 201
Dunedin, Florida 34698