**International Association of Facilitators**

**Application for Professional Facilitator Certification**

*Part I: Candidate Information*

Please complete the following items as part of your application package. This document, when completed, should be returned via electronic mail to:

**Certification Manager, IAF Facilitator Certification Program**

**E-mail:** **certification@iaf-world.org**

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| **A. Contact Information** |
| Candidate Name **(First Name Family Name)** - please write your name how you wish to have it displayed on your certificate |  |
| Company Name |  |
| Business Telephone |  |
| Business Fax |  |
| Email Address |  |
| Preferred Mailing Address (Please provide physical address) |  |
| Home Telephone |  |
| Specific Event or Geographic Preference (if any) |  |
| Previously deferred candidateIf so date of deferral |  |

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| 1. **Payment**
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| ***Kindly note, current IAF*** ***Membership is required for Certification***[**Click here to join IAF!**](https://www.iaf-world.org/site/join)Certification Fees:* Assessment Fee:

 ($2450.00US) (**non-refundable**)* Previous Deferral $ 850.00 event where deferred \_\_\_\_\_\_\_\_\_\_\_

NOTE:* IAF Membership is required to maintain professional certification.
* Payment instructions will be provided on receipt of application.
* **Remember to attach a recent photo.**
 | I wish to pay by: * **Credit Card – an online link will be sent upon receipt of your application.**
* **Invoice**
 |
| **Please return the completed *Candidate Application* via email to:**Certification Manager, IAF Facilitator Certification ProgramE-mail: certification@iaf-world.org |