

**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**](mailto: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 candidate  If so date of deferral |  |

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| 1. **Payment** | |
| ***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 Program  E-mail: [certification@iaf-world.org](mailto:certification@iaf-world.org) | |