

INTERNATIONAL CERTIFICATION REGISTRY APPLICATION

DATE: _____



NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ FAX: _____

EMPLOYED BY : _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POSITION: _____

PHONE: () _____ FAX : _____

SPONSOR: _____ EDUCATION CENTER: _____

I herewith apply for International Certification Registration under the grandfather clause information

Category	Currently Certified by	I.D. Number	Verified by
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I herewith apply for International Certification Registration having attended a ICR approved school and passed the qualifying examination.

Category	School	Location
_____	_____	_____
_____	_____	_____

Date Completed	Verified by	Score	Verified by
_____	_____	_____	_____

I understand present and future listings in the International Certification Registry is predicated upon my attitude, professional behavior, annual acceptance by ICR Board and payment of annual \$35.00 registration fee.

Signature: _____ Check #: _____
 MasterCard, VISA or AMEX #: _____ Exp. Date _____