



CERTIFIED PROFESSIONAL ORGANIZERS® EXAMINATION APPLICATION FORM

Use this form to apply for a CPO® examination. Please print clearly. Incomplete or illegible forms will be returned. The final scheduling process for the Computer Based Testing (CBT) CPO® Examination must be completed online.

Prior to completing and submitting this application be sure to read the entire Candidate Information Bulletin (CIB) published at www.certifiedprofessionalorganizers.org. FORMS FOR **RECERTIFICATION** ARE LOCATED IN THE CPO-ONLY AREA.

SECTION 1: INSTRUCTIONS

If you have already completed the application process and wish to extend your "valid through date," please contact registrations@isoqualitytesting.com. There are three steps to this application process:

Step 1: Complete all portions of this application form in its entirety. Incomplete or illegible forms will not be processed.

Step 2: Include payment by bank check, money order, or credit card. Personal checks are not accepted.

Step 3: Schedule your examination online.

NOTE: Please photocopy this form in its entirety for your records.

SECTION 2: APPLICANT INFORMATION

Check one: Original (First-Time) Candidate Re-take Candidate

Applying for: February CBT March CBT April CBT

Mr. Ms. Dr. Last Name: _____ First Name: _____ Middle Initial: _____

Former Name: _____

Business Name (If applicable, not required): _____

Home Address: _____ City: _____

State/Province: _____ Country: _____ Postal Code: _____

Email (required): _____ Fax number (Not Required): _____

Daytime Telephone Number: (required): _____

SECTION 3: APPLICANT BACKGROUND

BCPO® does not discriminate on the basis of race, religion, sex, national origin, marital status, sexual orientation or disability.

Have you ever been convicted of a felony, a crime based on dishonesty (felony or misdemeanor involving lying) or a Court Martial in military service, or is there a felony charge now pending against you? (Omit minor traffic violations and offenses prosecuted in juvenile court.)

YES NO

Have you ever had a professional license, certification, membership or registration revoked, or have you ever been censured or disciplined by any professional organization or government agency?

YES NO

Have you ever been known by any other name, alias, or pseudonym? (You need not include user identities or screen names with which you were publicly identified.)

YES NO

If you replied YES to any of the foregoing questions, explain fully on a separate sheet of paper and attach to this form.

SECTION 4: AUDIT OF ELIGIBILITY CRITERIA

BCPO® is required to audit a certain percentage of all applications. In the event of an audit the applicant must be prepared to provide supporting documentation for the criteria in sections 5 & 6. It is highly recommended that all applicants prepare such documentation prior to submission of this application. See the BCPO® website for a sample of the level of detail required.

DO NOT SUBMIT THIS DOCUMENTATION WITH YOUR APPLICATION.

SECTION 5: CPO® EXAMINATION ELIGIBILITY CRITERIA

High School diploma or equivalent YES

AND one of the following:

A minimum of 1500 eligible hours of paid work experience as a Professional Organizer in the last three (3) years YES

OR

A minimum of 1250 eligible hours of paid work experience as a Professional Organizer and a maximum of 250 eligible substitute hours in the last three (3) years. If "yes," please complete SECTION 6 below. YES

I have read, understand, and ascribe to the BCPO® Code of Ethics for Certified Professional Organizers® (published on the BCPO® website.)

Signature

Date

SECTION 6: SUBSTITUTE HOURS

Candidates may claim a MAXIMUM of 250 hours of credit towards the above 1500 hour prerequisite if they are deficient in work experience, from one or more of the following SUBSTITUTE categories.

Formal Education - non-cumulative, select only one:

AA Degree: 50 hours credit
Bachelor Degree: 75 hours credit
Advanced Degree: 100 hours credit

Total Formal Education Hours Credit _____

Continuing Education Courses (within the last 3 years). For each course, the candidate may claim the actual hours attended, up to a maximum of 10 hours. Eligible courses are those at least 1 hour (60 minutes) in length that provide skills or knowledge that allow you to better serve your clients. Courses on starting or changing your business, marketing, administration, and other business-related topics generally are not eligible.

Total Continuing Education Hours Credit _____

Organizing-Related Professional Activities (within the last 3 years)

Organizing Related Coaching/Consulting, actual hours, maximum of 10 hours credit	Hours Credit _____
Paid Speaking Engagements, actual hours, maximum of 10 hours credit	Hours Credit _____
Mentor/Mentee/Apprenticeship, actual hours, maximum of 10 hours credit	Hours Credit _____
Publishing Books, 20 credit hours per book, maximum of 40 hours credit	Hours Credit _____
Authoring Articles (minimum 500 words each article), 10 credit hours per article, maximum of 30 hours credit	Hours Credit _____
Professional Association Membership, maximum of 10 hours credit	Hours Credit _____
Trainer/Teacher, actual hours, maximum of 10 hours credit	Hours Credit _____
Serving on an Organizing Entity's Board of Directors, maximum of 10 hours credit	Hours Credit _____
Volunteer Work as an Organizer, actual hours, maximum of 10 hours credit	Hours Credit _____

Total Professional Activities Hours Credit _____

Relevant Paid Work Experience Prior to Becoming an Organizer, 25 per full-time year, maximum 3 years or 75 Hours Credit. Experience must include the same criteria for transfer of skills as described in the Eligibility Criteria.

Total Prior Organizing Work Experience Hours Credit _____

Total Substitute Hours Credit _____

SECTION 7: EXAMINATION APPLICATION FEES

FEE SCHEDULE:

Standard Application Fee	\$550.00
Discounted Application Fee for IFPOA Members* If claiming Discount, provide name of Association and member ID number :	\$375.00
TOTAL APPLICATION FEES ATTACHED	\$_____

*IFPOA (International Federation of Professional Organizers Association) Member Organizations currently include AAPO, NAPO, NBPO, NSGCD and POC.

SECTION 8: METHOD OF PAYMENT

Payment in US dollars is due at the time of application. Payment may be made by bank check, money order drawn on a U.S. bank, or via a major credit card. (No personal checks accepted.) Please make bank checks or money orders payable to SMT.

Please select payment type: Bank Check Money Order

Please indicate type of credit card: Visa (13 or 16 digits) MasterCard (16 digits) American Express (15 digits)

Please enter your credit card number: _____

Please enter your credit card expiration date: month _____ year _____

CREDIT CARD AUTHORIZATION: I hereby authorize a charge of US \$_____ to my credit card indicated above.

Authorized Signature: _____ Date: _____

Billing Address if different from the address in SECTION 1:

SECTION 9: Cancellations, Refunds, Retake Examinations, and Copyright/Confidentiality Policies

By applying for an examination, I hereby affirm that I understand, acknowledge and agree to the following:

• Cancellations and Refunds

BCPO® reserves the right to cancel any examination 15 days in advance. BCPO®'s liability shall be limited to a full refund of fees paid. Cancellation or rescheduling requests received in writing with 22 days notice or more will incur a cancellation or rescheduling fee. Cancellation or rescheduling requests received in writing between 21 calendar days and the day prior to the exam will be given credit toward a subsequent exam only (refunds will not be given) and will incur an additional fee for rescheduling. Cancellations received on the day of the exam, or "no shows," will not be given a refund or credit unless there is a documented medical emergency. If you fail to show up for your examination at the appointment time (i.e. a "no show"), or you can not be admitted because you failed to bring proper identification, or your admission letter, your examination fees are forfeited and you must reschedule your appointment and pay a new examination fee. In the event that you must reschedule or postpone a computer based testing appointment, you must contact IQT by phone at 866-773-1114, or reschedule online, at least four (4) business days prior to your scheduled testing time. If you do not show up for, or fail to reschedule your examination without giving IQT at least four (4) business days notice, you will forfeit your fees already paid unless there is a documented medical emergency.

• Examination Retakes

It is BCPO®'s policy to prohibit the retaking of any CPO® certification exam by a certification holder more than ninety (90) days prior to the expiration of the holder's certificate. Furthermore, a certificate holder may not retake any exam if (1) he or she has been de-certified by BCPO® and prohibited from being recertified; or (2) he or she currently serves or intends to serve within the next ninety (90) days as an instructor or advisor assisting others to study for the exam, whether for BCPO® or any other organization. Violation of any provision of this policy shall be submitted to the BCPO® Professional Practices Committee for remedial action, including possible decertification.

• Confidentiality and Copyrights

I have read the BCPO® Code of Ethics and hereby confirm that I have not violated any of its provisions in the past and that I will comply with it in the future. I will treat all information related to the examination as confidential, whether provided to me by BCPO® or received from other sources. All information provided by me in this application is true to the best of my knowledge. BCPO® may, at its sole discretion, make inquiry of individuals and organizations directly or indirectly referenced in any part of this application to verify the accuracy and completeness of the information I have provided.

Signature: _____ Date: _____

SECTION 10: APPLICANT AGREEMENT

By submitting this application for a CPO® certification examination, I hereby certify that I have read, understand, and agree to the CPO® applicant requirements published on the BCPO® web site (including the direct links to the BCPO® Logo Usage Guidelines, Privacy Policy, Examination Rules, Examination Appeals, and Contact Information Changes policies); agree to the policies in Section 4 above; agree to the policies in Section 9 above; meet each and every requirement set forth, and have completely, honestly and accurately completed this Examination Application Form to the best of my knowledge.

All information provided by me in this application is true to the best of my knowledge. BCPO® may, at its sole discretion, make inquiry of individuals and organizations directly or indirectly referenced in any part of this application to verify the accuracy and completeness of the information I have provided. I further agree to cooperate in any such investigation by BCPO® regarding the information I have provided, including my criminal history. I understand that providing any information that is fraudulent, or failing to completely or accurately disclose facts known to me, or my failure to cooperate in any inquiry by BCPO® into the information I have provided, will result in the refusal of BCPO® to issue the credential to me or revocation of my credential if already awarded, and me being forever barred from attaining the CPO® credential.

Any action arising out of this application, the CPO® certification examination, or any BCPO® certification (a) shall be governed by the law of the state in which the principal office of BCPO® is located, without regard to that state's choice of law principles, and (b) must be brought in a state or federal court in the jurisdiction in which such principal office of BCPO® is located. The undersigned applicant hereby submits to the personal jurisdiction of the state and federal courts in such jurisdiction.

I HAVE READ AND UNDERSTAND THESE STATEMENTS AND INTEND TO BE LEGALLY BOUND BY THEM.

Applicant Signature

Date

SECTION 11: FORM INSTRUCTIONS

Please submit this completed examination application form along with the checklist items in SECTION 1 to the BCPO® Application Services at the following address:

**BCPO® Application Services
c/o Schroeder Measurement Technologies
2494 Bayshore Boulevard, Suite 201
Dunedin, FL 34698
USA**

Toll Free: (800) 556-0484

Telephone: (727) 738-8727

Fax: (727) 738-8522

If you are submitting a paper application, it must be received by Application Services no later than five (5) business days prior to your examination date.

You may fax your application with credit card payment.