



Application for IMA Consultant Certification - Cover Sheet

Application for	individual certification	business certification	
Full name of primary contact			
E-mail address			
Skype profile name			
Phone 1		Phone 2:	
Address 1			
Address 2			
Address 3			
State / Province		Country	Postal code
Business / legal entity name			
URL			
Businesses: Tax / Legal authorization number		Business authorizing agency	
Businesses: Names of principals			
Service areas (geographic region)			

CONTINUE TO PAGE 2

Areas of expertise

Overview of credentials and experience

References (only if public)

CONTINUE TO PAGE 3

Name of person whose signature is below and who is authorized to enter agreement on behalf the consultant or business

By my signature below, I declare that

- The information in the application for IMA consultant certification is true and accurate;
- I, the principals named above, and any company and persons I represent relative to this application agree to the terms and requirements of the request for applications for IMA consultant certification in place at the date of this application;
- I, the principals named above, and any company or persons I represent relative to this application absolve the IMA organization, board of directors, or individual members of any responsibility, whether legally, fiscally, or otherwise, in case of dispute or disagreement with any third party arising from this application, certification status, or any contractual agreement with a third party; and
- I, the principals named above, and any company or persons I represent relative to this application accept all responsibility for quality of service as mentoring consultants and trainers and agree that in no way does certification constitute an endorsement of my or our services.

SIGNATURE:

DATE:

You may send an electronic copy of this form with your application, but you **must** mail an original signed version to

c/o Accreditation
International Mentoring Association
1716 Las Lomas Blvd. NE
Albuquerque, NM 87106