



# INSTITUTE OF CERTIFIED BANKERS

A Subsidiary of the American Bankers Association

## Member CE Review Request Form

### I. ICB Member Information

Application Date: \_\_\_\_\_

Member Name & ICB Number \_\_\_\_\_ ICB Designation(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### II. Sponsor Information

Organization: \_\_\_\_\_ Web address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### III. Program Information

Program Title: \_\_\_\_\_

At least ONE date & location of program: \_\_\_\_\_

ICB Designations for which training is applicable. Highlight those that apply.

- |   |  |
|---|--|
| CTFA – Certified Trust and Financial Advisor      | CPB – Certified Bank Teller                                |
| CRCM – Certified Regulatory Compliance Manager    | CSOP – Certified Securities Operations Professional        |
| CISP – Certified IRA Services Professional        | CFSSP - Certified Financial Services Security Professional |
| CRSP – Certified Retirement Services Professional | CFMP – Certified Financial Marketing Professional          |
| CCTS – Certified Corporate Trust Specialist       | CLBB – Certified Lender, Business - Banker                 |
| CPB – Certified Personal Banker                   | CCSR – Certified Customer Service Representative           |

Delivery Mode (please circle one):      Internet-based      Live/Classroom      Telebriefing

For all internet-based programs, please provide a brief explanation of how the course is administered (pre-tests modules, post-testing, certificates, requirements for successful completion, etc.). Please also provide a login and password, where applicable. [Click here to enter text.](#)

Are there concurrent sessions within this program?     YES     NO

Do you need a session-by-session credit listing?     YES     NO

**Add program details to the table. For a session-by-session listing, please send a copy of the timed agenda in WORD format to [icb@aba.com](mailto:icb@aba.com). For tracking purposes, add the program title and date to the subject line of the email.**

Name of Session	Duration in minutes	Designation (s)	CE Credits For ICB Use Only

***Don't forget to attach the program brochure (w/ a timed agenda and descriptions of each session and speaker bios).***

Thank you for submitting programs that support our members! Please be sure to:

- Complete both pages of this application.
- Attach relevant program materials (agenda, descriptions of each session, etc. **No presentation materials please!**)
- Mail or fax all materials to ICB, Continuing Education:

**Institute of Certified Bankers**  
 1120 Connecticut Ave, NW, Ste 600  
 Washington, DC 20036  
 Or  
 Fax to (202) 828-4540  
 (faxed materials should be less than 10 pages.)

We will review these materials and respond to you in writing in approximately 4-6 weeks. Please note that this approval, if granted, is valid only for one year.

If the program is offered as part of a regular curriculum, i.e., an online training program or residential school or if the identical program is offered on an ongoing basis, it must be submitted for review annually to maintain its approved status for ICB members.