



INSTITUTE OF CERTIFIED BANKERS

A Subsidiary of the American Bankers Association

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Washington, DC 20036
Phone: 202-663-5092 Fax: 202-828-4540
Email: icb@aba.com Web: www.aba.com/icb

Retail Certifications—Candidate Application

Please check the certification desired:

(CBT) Certified Bank Teller (3006335) (CCSR) Certified Customer Service Representative (3006369) (CPB) Certified Personal Banker (3006380)

ICB USE ONLY

EXP

REF

EDC

ETH

ACT

Applicant Information (Please Type or Print. Omitted information may cause delays in processing your application.)

Name

Job Title

Organization/Current Employer

Business Address

Street Address

Suite

City

State

Zip

Home Address

Street Address

Apartment Number

City

State

Zip

Additional Information

Business Phone

Home Phone

Business Fax

Email (REQUIRED: Exam Results are Emailed.)

Would you like your correspondence sent to your office home?

How did you hear about us?

ABA Program

Advertisement

Colleague/Word of Mouth

ICB Event

Supervisor

Website

Other:

Professional Work Experience

The eligibility requirements state that candidates must possess a minimum of six months of professional experience in the area for which they are seeking certification. Provide your relevant experience information in the space below:

Total months/years of professional work history in the applicable area of expertise: _____

Was this work history gained within the last year? Yes No If no, explain:

Professional Work Experience (continued)

Date of employment with current employer: _____

Describe your primary work responsibilities:

If you have fewer than the required minimum six months of professional work experience with your current employer, please indicate applicable previous professional work experience in the space provided or attach an up-to date resume.

Prior Employer: _____ Job Title: _____

Dates of Employment: _____ to _____

Briefly describe your work responsibilities/duties:

Education

Please check the highest level of formal education completed:

- High School Partial College Associate's Degree Bachelor's Degree
- Master's Degree Doctoral Degree Juris Doctor

Candidates must obtain the applicable AIB certificate or diploma:

AIB Certificate/Diploma Completed	Date Completed	AIB Training Provider
<input type="checkbox"/> AIB Bank Teller Certificate	_____	_____
<input type="checkbox"/> AIB Customer Service Representative Certificate	_____	_____
<input type="checkbox"/> AIB Personal Banking Diploma	_____	_____

Exam Selection Preferences

Please indicate your preferred examination date in the space provided. For a list of available exam dates, please visit the ICB website at www.aba.com/icb.

Preferred examination date: _____

Recommendation Letter & Signed ICB Code of Ethics Statement

My letter of recommendation from my supervisor is attached. (This should letter should confirm that you meet the eligibility requirements in order to sit for the examination.)

I have signed the ICB Code of Ethics Statement on the last page of this application

Payment

Exam Fee

I have enclosed the appropriate examination fee. (Prior to taking the exam, the fee is refundable upon written request.)

(CBT) Certified Bank Teller - \$50

(CCSR) Certified Customer Service Representative - \$50

(CBT) Certified Personal Banker - \$75

Payment Method

Check* Visa Master Card American Express Discover Card Diners Club Optimum

**Make checks payable to Institute of Certified Bankers. Please include the application and corresponding documentation with the check.*

Payment and Application Submission

Card Number

Expiration Date

Signature

Date

Note: I agree to pay the above total amount according to the card issuer agreement.

Fax: If paying by credit card, fax application, and corresponding documentation to **202-663-7543**.

Mail: If paying by check, please mail application, check, and corresponding documentation to the address below:

Institute of Certified Bankers
P.O. Box 791180
Baltimore, MD 21279-1180

ICB Professional Code of Ethics

Preamble: The Institute of Certified Bankers (ICB) recognizes the importance of promulgating a code of ethics that emphasizes the conduct, competency, knowledge, professionalism, integrity, objectivity, and responsibility of each person qualifying as a candidate for certification. Therefore, the Board of Directors of ICB has received and adopted the following Code of Ethics:

Whereas: Certified professionals must maintain a high standard of conduct, competency, knowledge, professionalism, integrity, objectivity, and responsibility as they discharge their duties in the practice of their profession.

Therefore, let it be known, that the Code of Ethics embodies the standards of professional behavior expected of all certified members of the Institute of Certified Bankers (ICB).

Therefore, I, by applying for certification and applying for membership in the Institute of Certified Bankers, agree to abide by the Code of Ethics of the ICB at all times. Furthermore, I understand that I have a responsibility to all those who use my professional services. This includes customers, other financial institutions, governments, investors, the business and financial community, and all others who rely on the performance of my duties. I agree to:

1. Conduct my professional affairs in a manner that avoids a conflict of interest or the appearance of a conflict of interest. If I become a party to a conflict, or the appearance of a conflict is created, I shall inform my supervisor as soon as possible.
2. Conduct my personal and business affairs in a manner that does not damage the reputation of my employer. If self-employed, conduct my personal and business affairs in a manner that does not damage the reputation of my company.
3. Place my employer's interest above my own in all business matters, and exhibit a high degree of loyalty to my employer and to whomever I am rendering a service.
4. Owe a solemn duty to uphold the integrity and honor of my profession and to encourage respect for it. I further agree to promote the continual development of the financial services industry, as well as my respective specialization.
5. Avoid any activity that might create the appearance of potential personal financial instability, such as excessive gambling, excessive indebtedness or excessive speculation.
6. Not use information that is not publicly available to invest in the stock of a company that is a customer, borrower, client or supplier of my employer, or share such information with the investment department or investment banking subsidiary of my employer, unless it is legally permissible.
7. Safeguard the confidential nature of information concerning the business transactions and condition of my employer and of my employer's present and prospective customers, clients, borrowers or suppliers, except where disclosure of such confidential information is required by state or federal law or regulation.
8. Not have signed, nor will I sign, a consent decree with the Securities and Exchange Commission (SEC) or any state securities agency or be found guilty nor will I be found guilty in a competent court of jurisdiction or a federal or state regulatory proceeding of any of the following offenses: (1) securities law violations; (2) embezzlement; (3) fraud; (4) fraudulent conversion; (5) misappropriation of funds; (6) restraint of trade; (7) knowingly filing a false report with a federal or state bank or bank holding company regulatory agency; (8) failure to comply with any law or regulation governing the reporting or disclosure of a conflict of interest; (9) willful failure to file a state or federal income tax return; (10) violation of state or federal election campaign laws; and (11) participation in violations of the Bank Secrecy Act.
9. Strive to become and remain proficient in carrying out my professional duties. If I accept responsibility for handling new and unusual professional activities, but I find that it is beyond my competency, then I agree that I am expected to become competent by diligently undertaking the work and study necessary to qualify myself, or to obtain the assistance of a professional possessing the necessary skills or competency.
10. Use reasonable care in expressing opinions involving and related to the performance of my professional duties, and obtain sufficient evidence to warrant an opinion.

As evidenced by my signature below, I have read and understand the information provided regarding eligibility requirements as well as ICB's Professional Code of Ethics statement and I wish to apply for certification with the Institute of Certified Bankers. I attest that all information that I have provided on this application and its required supporting documentation is correct. I further agree to abide by the stated code of ethics and program requirements as long as I remain a candidate for certification or a certified member of the Institute of Certified Bankers.

Candidate Name (Please Print)

Candidate Signature

Date