



Certification Candidate Application

Please check designation desired:

- | | |
|---|--|
| <input type="checkbox"/> (CFSSP) Certified Financial Services Security Professional (3006435) | <input type="checkbox"/> (CRCM) Certified Regulatory Compliance Manager (3006382) |
| <input type="checkbox"/> (CTFA) Certified Trust and Financial Advisor (3006386) | <input type="checkbox"/> (CRSP) Certified Retirement Services Professional (3006437) |
| <input type="checkbox"/> (CCTS) Certified Corporate Trust Specialist (3006441) | <input type="checkbox"/> (CFMP) Certified Financial Marketing Professional (3006434) |
| <input type="checkbox"/> (CLBB) Certified Lender Business Banker (3006436) | <input type="checkbox"/> (CISP) Certified IRA Services Professional (3006378) |
| <input type="checkbox"/> (CSOP) Certified Securities Operations Professional (3006439) | <input type="checkbox"/> Other _____ |

ICB USE ONLY

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

Name

Title _____ Organization _____

Mailing Address _____ Suite _____

City _____ State _____ Zip _____

Daytime Phone _____ Home Phone _____ Fax _____

Parent Organization (if applicable) _____ Email **REQUIRED** Exam results are emailed.)

Would you like your correspondence sent to your office home?

Home Address _____ Apartment _____

City _____ State _____ Zip _____

How did you hear about us?

- | | | | |
|--------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> ABA Program | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Colleague/Word of Mouth | <input type="checkbox"/> Direct Mail |
| <input type="checkbox"/> ICB Event | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Website | <input type="checkbox"/> Other: _____ |

Professional Experience

The eligibility requirements state that candidates must possess professional experience in the area for which they are seeking certification. Please consult the appropriate certification program overview for specific information on professional experience requirements. Provide your relevant experience information in the space below:

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

Was this work history gained within the last 5 years? yes no If no, explain:

Professional Experience (continued)

Date of employment with current employer: _____

Describe your primary work responsibilities:

If you have fewer than the required minimum years 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.

Previous employer: _____

Dates of employment: _____ to _____

Describe your primary work responsibilities:

Education

Please check the highest level of formal education completed:

- High School
- Partial College
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- JD or LLB

Earned Education Credits

(Please attach a separate sheet if more space is required)

Candidates must provide an inventory of professional education and training activities completed prior to applying for certification so that its applicability for credit may be assessed. Please review the appropriate certification education requirements if clarification is needed regarding the pre-certification continuing education requirements.

Education/Training Activity	Length of program in hours
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
Grand Total	_____

Exam Selection Preferences

Please indicate your preferred examination date in the space provided. When registering for an Individual Proctored Exam date, please note that the Institute of Certified Bankers can arrange an examination location near you if you have not already identified a proctor.

*First examination date choice: _____ Second examination date choice: _____

- I wish to take the examination after the American Bankers Association school or conference: _____ (date)
- I wish to take the examination after the Cannon school: _____ (date)
- I wish to take the examination after an ABA/AIB online course: _____ (date)
- I have a special need resulting from a disability for which I will need accommodations when taking the exam. I will require:

*Individual Proctored Exam Selection. Please complete the following information if you are applying for an Individual Proctored Exam date:

I have contacted _____ and he/she has agreed to proctor my exam at my office.

I would prefer not to take the exam at my office. Please find and exam site for me in:

City, State: _____ or City, State: _____

Additional Documentation Requirements

- My letter(s) of recommendation is (are) attached.
- I have read and signed the professional ethics statement on the next page of this application.

Method of Payment

- I have enclosed the appropriate examination fee. (Please review the certification's exam information to verify the correct fee. Prior to taking the exam, the fee is refundable upon written request.)

Total amount submitted: _____

- Check made payable to the Institute of Certified Bankers is enclosed.
- I wish to pay by Visa Mastercard American Express Discover Card Diners Club Optimum

Card Number

Expiration Date

Signature

Authorization Code (ICB's use only)

Send payment, completed application and required documentation to:

The Institute of Certified Bankers

P.O. Box 791180

Baltimore, Maryland 21279-1180 Or Fax to (202) 663-7543

If paying by credit card, please do not mail this application if you have already faxed it.

For Accounting Purposes Only

Date Received: _____

Received By: _____

Applicable Fee: _____

Check Number: _____

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 Signature

Date