

EXAM APPLICATION

Before starting, please read the application in its entirety and be sure to reference the Candidate Handbook.

Please complete, date, and sign the Application, Consent Statement, and Code of Ethics forms and submit them with the \$599 (U.S.) application fee.

Once your application has been approved, you will receive information about how to register for the exam.

For Certification Staff Use Only

Paid _____

Cert. No. _____ Date _____

Completed by _____

Contact Information *(Please type or print your name as it appears on the ID you will use for access to the testing center.)*

Name: _____

Mr. Ms. _____ (Last) _____ (First) _____ (MI)

Preferred Mailing Address: _____

Home Business

City: _____ State/Prov.: _____

Country: _____ ZIP/Postal Code: _____

Main Phone: (_____) _____ Alternate Phone: (_____) _____

E-mail Address _____

Applicants for the IGP certification must complete and sign the application.

1. Please select one of the following eligibility options.

Option 1: Four-year degree (bachelor's degree or global equivalent) PLUS

Minimum of three years of management or leadership experience in any of the following fields: records and information management (RIM) (including archives), law, compliance, audit, IT, privacy, or security. Experience shall include managing staff or overseeing the direction of work of a department, organization, function, or major project or initiative related to one of the fields above.

Option 2: Secondary degree (high school diploma, associate's degree or global equivalent) PLUS

Minimum six years of management or leadership experience in any of the following fields: records and information management (RIM) (including archives), law, compliance, audit, IT, privacy, or security. Experience shall include managing staff or overseeing the direction of work of an organization, function, department, or major project or initiative related to one of the fields above.

If selected for audit, you will be required to submit a transcript.

2. Documentation of Work Experience:

Describe your relevant work experience. Summarize positions held in the space below. Use additional sheets as necessary.

Name of Company: _____

Address: _____ City: _____ State/Prov.: _____

Zip/Postal Code: _____ Main Phone: (_____) _____

Dates of Employment (month/year): From _____ to _____

Title of Position: _____

Check the field in which you obtained this work experience:

Law RIM Compliance IT Audit Security Privacy Other (please specify): _____

Name of Company: _____

Address: _____ City: _____ State/Prov.: _____

Zip/Postal Code: _____ Main Phone: (_____) _____

Dates of Employment (month/year): From _____ to _____

Title of Position: _____

Check the field in which you obtained this work experience:

Law RIM Compliance IT Audit Security Privacy Other (please specify): _____

Name of Company: _____

Address: _____ City: _____ State/Prov.: _____

Zip/Postal Code: _____ Main Phone: (_____) _____

Dates of Employment (month/year): From _____ to _____

Title of Position: _____

Check the field in which you obtained this work experience:

Law RIM Compliance IT Audit Security Privacy Other (please specify): _____

3. Graduates of non-U.S. accredited institutions:

If selected for audit, applicants who did not graduate from an accredited degree program in the United States must have their transcript from their academic institution reviewed for equivalency. Applicants are responsible for submitting the report indicating equivalency to a U.S. program at the time of application. For assistance in having your transcript reviewed, please contact one of the following agencies:

- American Association of Collegiate Registrars and Admissions Officers (AACRAO) International Education Services, www.aacrao.org
- National Association of Credential Evaluation Services (NACES) www.naces.org
- World Education Services (WES) www.wes.org

Applicants are responsible for costs associated with transcript review services. Applicants are encouraged to have an additional copy of their equivalency review sent to them for their records.

4. Please read and sign the consent statement below:

I understand that all information required by this form (attached or otherwise submitted) is deemed to be a part of this application. My signature attests to the truthfulness of all information submitted, authorizes verification by certification staff, and frees ARMA International and the Information Governance Professional (IGP) Certification Board of liability should my application be rejected. In addition, I have read, completed, and signed the Consent Statement and Code of Ethics, which are hereby incorporated into this application.

Signature: _____ Date: _____

Please Print Name: _____

ENCLOSE FEE: The application fee of \$599* (\$250* pilot group only) must accompany the completed application. Fees paid are NON- REFUNDABLE, unless the application is denied. If an applicant is found not eligible, \$100 will be retained to cover processing costs and the balance will be refunded.

Use the credit card form below:

Application fee: \$599 (U.S.) Application fee (pilot group only): \$250 (U.S.)

I authorize ARMA International to charge my VISA MasterCard American Express Discover

Card Number: _____ Exp. Date: _____ CVV Code: _____

Name of Card Holder: _____ Daytime Phone: (_____) _____

Card Holder's Signature: _____

Billing Address for Card Holder: _____

Is card holder the applicant? If not, please print applicant's name here: _____

Note: You may want to encrypt this file before transmission to CertificationStaff@armaintl.org.

* U.S. funds

For Certification Staff Use Only

Date: _____ By: _____

Amount: _____ Batch: _____

CONSENT STATEMENT

I, _____ (*Print Full Name*), certify that all information contained in my application to the Information Governance Professional (IGP) certification examination is true and accurate to the best of my knowledge. Further, I agree to notify certification staff promptly of any change in name, address, or contact information, or in the event of any occurrence bearing upon my eligibility for certification.

I hereby authorize certification staff and their agents to review my application, to contact employers listed on my application, and to determine my eligibility for the IGP certification examination. I understand that if selected for audit I may be required to submit additional documentation and I agree to cooperate promptly and fully in the audit process. I agree to cooperate promptly and fully in this review, including submitting any documents or information deemed necessary to confirm the information in my application and authorizing the above-designated parties to communicate with individuals they deem appropriate to determine the outcome of my application.

I have read and I understand the instructions and policies related to the application and examination process, and I agree to abide by their terms. If any statement made on my application or hereafter supplied to certification staff or the IGP Certification Board is false or inaccurate, or if I violate any other rules or regulations of the IGP Certification Board, I acknowledge and agree that the penalties for doing so include, but are not limited to: denial of certification or suspension of, revocation of, or the placement of limitations upon my certification (if already granted).

I agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules and standards with regard to this application, the IGP certification examination I take, and/or my certification, except claims based upon gross negligence or lack of good faith by the IGP Certification Board.

Should my application be accepted and I am allowed to sit for the examination:

I understand that the IGP Certification Board and/or its testing agents reserve the right to refuse my admission to test if I do not have the proper photo identification or if I do not report at the appropriate time. If I am refused admission for any of these reasons or if I fail to appear at the test site as scheduled, I will not receive a refund of the examination fee, and there will be no credit transferred to future examination. I recognize that the proctor(s) at my assigned test site are required to maintain proper and secure test administration conditions, and I will follow their instructions. I will not attempt to communicate in any way with other examinees or any outside parties during the examination. I will not bring any outside materials into the testing site, including reference materials, notes, photographic or communication devices, or calculators with user-programmable memory capacity.

Confidentiality/Nondisclosure Agreement:

I understand that the content of the IGP certification examination is copyrighted and is the property of the IGP Certification Board. Exam materials will be provided to me for the sole purpose of testing my knowledge and skills in the discipline for which I seek certification, and I am prohibited from using or possessing IGP certification examination content for any other purpose or at any other time. I agree not to disclose, publish, copy, reproduce, transmit, or distribute exam content, in whole or in part, in any form or by any means, for any purpose, without express prior written authorization from the IGP Certification Board. Any unauthorized possession, disclosure, publication, copying, reproduction, transmission, or distribution of IGP certification exam content or materials in any form is a crime and may subject me to civil liability and/or criminal prosecution. I understand that I am prohibited from consulting study aids of any type during a testing session; copying from notes or from another examinee during a testing session; speaking or otherwise communicating with others during a testing session; copying, photographing, transcribing, or otherwise reproducing test materials; removing test materials from the examination room; aiding other examinees or receiving aid from anyone else; or having improper access to IGP certification examination content prior to the examination administration. Engaging in such misconduct may disqualify me from all future exams and from ever being certified by the IGP Certification Board.

Should I be granted the IGP certification:

I agree that certification staff may release my name and the fact that I have been granted certification. I agree further that certification staff may include my name and contact information in a listing of certified individuals available to the public in print and/or electronic format. I understand and agree that it will be my responsibility to maintain my status by complying with all certification and recertification requirements and procedures.

I understand that signing this Agreement does not mean that I am certified. I understand that I am not authorized to use any designation unless and until I am notified by certification staff that I have met all the requirements for certification. I understand that meeting all requirements for certification includes agreeing to uphold and abide by the Code of Ethics.

I, the undersigned, have read, understand, and agree to abide by the statements above.

Signature: _____ Date: _____

Please Print Name: _____

Note: Your application is not complete until you have submitted this form, the application fee, and signed Code of Ethics.

ADA ACCOMMODATION REQUEST FORM

If you have a disability covered by the Americans with Disabilities Act of 1990 (ADA) and would like to request an accommodation in testing, please complete all sections and have an appropriate professional (educator, doctor, psychologist, psychiatrist) with current knowledge of your disability support your request through completing this form and providing the additional requested information.

As requested in Section 3, please submit documentation in support of your request. If you have existing documentation of the same or similar accommodation provided to you in another testing situation, you may submit such documentation as compliance with the requirements in Section 3.

This form must be completed in its entirety for your request to be processed. Please submit this request as soon as possible because it takes time to review it and to set up an accommodation. Certification staff will process your request as expeditiously as possible in order to not delay testing.

Section 1: Application Form *(Please Type or Print)*

Name: _____

Social Security/Social Insurance Number (last 4 digits): _____

Address: _____ City: _____ State/Prov.: _____

Zip/Postal Code: _____ Main Phone: (_____) _____

Disability: _____

ADA Accomodation(s) Requested: _____

By signing below, I attest that the information I have provided on this application is accurate, true, and correct to the best of my knowledge. I agree to and authorize the release of the information requested by certification staff for use in determining eligibility for the requested accommodation in testing. If the information provided is not sufficient to evaluate the request, I authorize certification staff to request additional information from me. I understand certification staff reserve the right to verify any and all information in my application, in this request, or in connection with my certification. I understand and agree that failure to provide accurate, true, and correct information will constitute grounds for rejection of my application, rejection of my request for this accommodation in testing, or denial or revocation of my certification.

Signature: _____ Date: _____

Section 2: Accommodations Requested *(Please Type or Print)*

From the Medical/Learning Professional:

I have known: _____ since: _____
(Full name of candidate) (Date)

In my role as _____
(Professional title)

The candidate has discussed with me the nature of the certification examination to be administered. It is my opinion that because of this candidate's disability as detailed on the attached letter and supporting documentation, he/she should be accommodated by providing the following (please check all that apply):

- Reader
- Scribe
- Extended time
 - Time-and-a-half
 - Double time
 - More than double time (please justify) _____
- Separate testing area
- Use of computer or other adaptive equipment (please specify) _____

- Other (please specify) _____

Professional's Identification / Signature

Name: _____

Signature: _____ Date: _____

Title: _____

License Number and State: _____

Address: _____ City: _____ State/Prov.: _____

Zip/Postal Code: _____ Main Phone: (_____) _____

E-mail: _____

Section 3: Required Additional Documentation for Professional Verification

Learning Disability Accommodations

If requesting accommodations due to a learning disability, please submit relevant diagnostic test results detailing the specific nature of the candidate's disability as it relates to the request and the reasons for requesting the accommodation.

Medical Accommodations

If requesting accommodations due to a medical issue, please have the appropriate professional submit a letter detailing the nature of the disability. The letter must be written on professional letterhead and must have an original signature. This letter may not be dated longer than five years prior to this application.

Please mail all materials to: **Certification Staff, ARMA International, 11880 College Blvd; Ste. 450, Overland Park, KS 66210**

Note: Certification staff does not accept applications and/or requests for accommodations by fax or e-mail.

INFORMATION GOVERNANCE PROFESSIONAL CODE OF ETHICS

Preamble

Holders of the Information Governance Professional certification recognize that certification is a privilege that must be earned and maintained. Through earning the IGP certification, individuals demonstrate effective information governance built upon recordkeeping standards and principles and upon their commitment to upholding high standards of practice through adherence to a Code of Ethics. Certificants shall, in their management and handling of information, sustain and advance the essential elements of information governance, including accountability, transparency, integrity, protection, compliance, availability, retention, and disposition. Certified individuals who knowingly violate the Code of Ethics will be subject to an investigation that may result in sanctions, including revocation of the designation.

Purpose of the Code

The Code communicates the principles and behaviors required of IGP-certified individuals, and it is a requirement for earning and maintaining IGP certification. Adherence to the Code further demonstrates the commitment of certified individuals to upholding the trust of the public, society, and the profession.

Purpose of the Code

The IGP-certified individual shall adhere to the following requirements:

1. Demonstrate integrity, honesty, and fairness.
2. Affirm the legal, ethical, and moral use of information.
3. Comply with applicable laws.
4. Protect the confidentiality of proprietary information.
5. Protect the privacy of individuals.
6. Report illegal or unethical practices.
7. Avoid compromise of professional judgment by conflicts of interest or the appearance thereof.
8. Represent their qualifications and certifications truthfully and accurately.
9. Accurately represent the purposes of certification and associated competencies.
10. Maintain professional competence in all areas of responsibility and undertake assignments only when qualified by education and/or experience.
11. Accept responsibility for maintaining the credential through recertification.
12. Use the IGP designation and property as authorized.
13. Uphold and abide by the policies of the IGP Certification Board.
14. Act in a manner free of bias with regard to religion, ethnicity, gender, age, national origin, or disability.
15. Issue public statements in an objective and truthful manner and only when founded upon knowledge of the facts and competence of subject matter.

Applicant's Consent Statement

By my signature, I agree to uphold and abide by the IGP Code of Ethics.

Print Name: _____ Date: _____

Signature: _____