

**IAAO Candidate Questionnaire**

**Submit form by July 1**

Please check which position you are seeking:

[ ]  President Elect [ ]  Board of Directors Regular Member

[ ]  Vice President [ ]  Board of Directors Associate Member

**In Order to Run for Election for a Board of Directors Position, a Candidate:**

* Is a member in good standing
* Is in the proper membership category
* Has not been convicted of ethical violations or crimes of office
* Is in compliance with the IAAO governing documents
* Has completed IAAO Workshop 171 Standards of Professional Practice and Ethics
* Has been an IAAO member for at least five years
* Has served on an IAAO Committee or Task Force
* Has attended at least two IAAO Annual Conferences
* Has attended (classroom, online, or self-study) and passed the examinations for at least three thirty-hour IAAO courses; or has attended (classroom, online, or self-study) and passed the examinations for at least two thirty-hour IAAO courses and has attended and additional 40 hours (does not include exam challenges) of IAAO education (courses, workshops, one-day forums, webinars)

**Contact Information:**

**Name** Click or tap here to enter text.

**Title** Click or tap here to enter text.

**Business Address** Click or tap here to enter text.

**City/State/Zip/Province/Country** Click or tap here to enter text.

**Business Phone** Click or tap here to enter text.

**Business Email** Click or tap here to enter text.

**Home Address** Click or tap here to enter text.

**City/State/Zip/Province/Country** Click or tap here to enter text.

**Cell Phone** Click or tap here to enter text.

**Personal Email** Click or tap here to enter text.

**Number of Years of IAAO Membership** Click or tap here to enter text.

**Year Joined** Click or tap here to enter text.

**Background:**

**Number of Years of Experience in Assessment Field** Click or tap here to enter text.

**Number of Years at Present Job** Click or tap here to enter text.

1. **List any other work experience in the assessment or appraisal field.**

Click or tap here to enter text.

1. **List any professional designations earned (IAAO and non-IAAO).**

Click or tap here to enter text.

1. **What is your highest level of education? List any degrees received.**

Click or tap here to enter text.

1. **How many IAAO Annual Conferences have you attended?**

Click or tap here to enter text.

1. **List IAAO courses attended and what year.**

Click or tap here to enter text.

1. **List any awards received (IAAO and non-IAAO) and what year.**

Click or tap here to enter text.

1. **List any articles published or presentations made (IAAO and non-IAAO) and include the date and topic.**

Click or tap here to enter text.

**IAAO Professional Service:**

1. **In what capacities have you served IAAO?**

[ ]  **Committees/Task Forces (list and note if you were the Chair)**

Click or tap here to enter text.

[ ]  **IAAO Instructor (list courses taught)**

Click or tap here to enter text.

[ ]  **IAAO Services performed (consulting, technical, etc.)**

Click or tap here to enter text.

[ ]  **IAAO Representative (list location and dates served)**

Click or tap here to enter text.

[ ]  **Professional Designation Advisor/Grader (which designation)**

Click or tap here to enter text.

[ ]  **Local Chapter/Affiliate (activities/leadership)**

Click or tap here to enter text.

**List any other offices held, or services performed in other professional organizations, and any other pertinent service you feel is applicable that is not listed elsewhere.**

Click or tap here to enter text.

**Commitment:**

1. **There is a significant time commitment involved with Board of Director service. Will you be able to devote the time and resources necessary to fulfill your obligations as an IAAO Officer or Board** **Member**? [ ]  **Yes (explain)** [ ]  **No**

Click or tap here to enter text.

1. **Why do you wish to become an IAAO Officer or Board Member?**

Click or tap here to enter text.

1. **What goals do you have for the Association and how will you implement them if elected?**

Click or tap here to enter text.

1. **Have you ever been found guilty of a felony?** [ ]  **Yes (explain)** [ ]  **No**

Click or tap here to enter text.

***IAAO reserves the right to conduct a background check***

1. **Have you ever been found guilty of a crime of office or ethical violation by any court, association, organization, society or other governmental or private body or group?** [ ]  **Yes (explain)** [ ]  No

Click or tap here to enter text.

1. **Have you ever left employment under circumstances related to unethical or criminal behavior?** [ ]  **Yes (explain)** [ ]  **No**

Click or tap here to enter text.

[ ]  **I hereby certify that I have completed the IAAO Standards of Professional Practice and Ethics Workshop 171.**

[ ]  **I hereby certify that I have completed the requirements listed at the beginning of this document and have enclosed documentation of those services.**

[ ]  **I certify that I have read the current definitions of IAAO membership and that I am a member in good standing of IAAO.**

[ ]  **I certify that if I cease to qualify for candidacy, I must report to the IAAO Nominating Committee within 30 days of this change in facts or status. Failure to report a change in facts or status will result in disqualification.**

[ ]  **I certify that everything I provided in this candidate questionnaire is true and factual.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

Candidate’s Signature Date