



Professional Designation Program

DESIGNATION EXEMPTION REQUEST

Complete the following form in its entirety to request exemption from recertification requirements and annual designation dues upon retirement or other significant event. Requires review and approval by the Professional Development Committee.

I, _____, the undersigned, hereby request to place my designation(s) into exemption (check all that apply):

AAS # _____
CAE # _____
CMS # _____

MAS # _____
PPS # _____
RES # _____

I am making this request for the following reason:

Retirement

Other (please explain below):

I understand that if approved, I will no longer be able to display my designation as a professional credential and IAAO will no longer confirm its validity. I will no longer be able to use my designation to gain or maintain employment, instruct, consult, testify, or any other similar professional activity. Exemption allows me to retain my designation(s) in an honorary status only.

Signature _____ Date _____

**DOWNLOAD this form to your computer, complete form
and email completed form to designations@iaao.org.**