

IECA ASSOCIATE MEMBERSHIP APPLICATION



Please review the Membership Categories page in the membership information packet or online at www.IECAonline.com/membership.html for Associate Member qualifications. Complete this application and return it to the IECA office, along with supporting material and a check for \$100 payable to IECA (applied toward the annual associate member fee).

Name _____

Name of Business _____

Business Address _____

City _____ State _____ Zip _____

Phone (office) _____ (home) _____

Fax _____ E-mail _____

Web site _____

PROFESSIONAL PRACTICE:

(Please complete and attach a cover letter and any appropriate clarifying notes)

1) How many years have you been in practice in the field of educational placement counseling or admissions? _____

Please specify the approximate date that your independent educational consulting practice was or will be established:

Month _____ Year _____

2) List your professional experience below:

Position/Title	Institution	# of Years
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3) Is independent consulting your principal profession?

Yes _____ No _____

If no, explain:

4) Please indicate the approximate percentage of your professional time devoted to:

- Consulting with clients on school or college selection _____%
- Testing Services _____%
- Psychological Services _____%
- Tutoring Services _____%
- Career Counseling _____%
- Other _____%

If 'other,' please describe briefly:

5) Please check (✓) the client categories in which you feel professionally qualified to practice.

- | | |
|---|---|
| <input type="checkbox"/> Boarding School | <input type="checkbox"/> Emotional Difficulties |
| <input type="checkbox"/> College | <input type="checkbox"/> Day School |
| <input type="checkbox"/> Learning Difficulties | <input type="checkbox"/> Crisis Intervention |
| <input type="checkbox"/> Graduate and Professional School | <input type="checkbox"/> International |
| <input type="checkbox"/> Other | |

If 'other,' please describe briefly

(over)

PERSONAL ACADEMIC BACKGROUND:

Attach a copy of your current resumé and enclose or have sent to IECA an official transcript of your college work.

Educational Experience: (Institutions of higher education)

Degree Earned	Major	Institution	Year Degree Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other professional or volunteer experience not included on previous page or attached resumé:

Position/Title	Institution	# of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you participated in any IECA Training Program?

Yes _____ No _____

If so, list name and date:

Have you ever been convicted of a misdemeanor or felony?

Yes _____ No _____

If yes, explain the circumstances:

Are you a sole practitioner or are you associated with or in a joint educational consulting practice? If you are in a joint practice, list principal, or if applicable, the IECA member in your practice.

Do you currently hold membership in other counseling or related associations? If yes, list below.

PROFESSIONAL REFERENCE:

Please provide the name of one reference who will be able to attest to your year of professional experience in educational placement consulting, counseling, or admissions. This reference must be either a current member of IECA; a school, college, or program admission officer; or another educational counseling professional with whom you have worked and who can speak to your professional business practices.

Waiver: I waive all rights to review professional references submitted to IECA on my behalf.

Applicant's signature:

(Please list professional reference)

Name _____

Title _____

Institution _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

E-mail _____

The information I have provided in this document is true and accurate.

Signed: _____

Date: _____