



DEDICATED TO PROFESSIONAL EXCELLENCE

The American Society of Workers Comp Professionals, Inc.

Enrollment Application for Certification Program

For guidance in completing this application, carefully review the “Criteria for Certification.”

PERSONAL INFORMATION

Full Name: _____

Home Address: _____

Home Telephone: _____ Home Fax: _____

Email: _____

Date of Birth: _____

(Month and Year Only)

Undergraduate Education
(School, Degree, Year of Graduation)

Graduate/Professional Education
(School, Degree, Year of Graduation)

Professional Licenses/Credentials:

Any criminal convictions, adverse governmental or regulatory entities rulings:

Yes No

Have you ever lost or failed to be accredited by any professional or business organization:

Yes No

Explanation(s):

AMCOMP Individual or Corporate Member in Good Standing:

Yes No

INDUSTRY EXPERIENCE

Please attach to this form a brief history of your work experience to date.

CURRENT EMPLOYMENT (If Applicable)

Employer:

Title/Position responsibility:

_____ ---- _____

Address:

Telephone:

_____ Fax: _____

e-mail:

EXPERIENCE

Specific areas of workers comp related expertise: *(List examples if applicable)*

_____ Number of years: _____

_____ Number of years: _____

_____ Number of years: _____

OTHER INFORMATION

You are invited to provide any other information you feel should be brought to the attention of the *AMCOMP* Board of Directors.

STATEMENT BY APPLICANT

By signing and submitting this application to The American Society of Workers Comp Professionals, Inc. (*AMCOMP*), I agree to abide by and be subject to the By-laws and professional standards of *AMCOMP*, that the information contained herein may be verified by *AMCOMP* and that the information provided is accurate to the best of my knowledge and belief after taking reasonable steps to ensure its accuracy. I understand that any misrepresentations will make my application for certification null and void. I understand upon obtaining my *AMCOMP* certification *I am allowing my name and bio, photo and contact information to be published in any directories, publications or on any web-sites AMCOMP may choose to publish.*

Signature of Applicant

Date Signed

AMCOMP c/o Accolade Management
610 Freedom Business Center Drive
Suite 110
King of Prussia, PA 19406
Phone: 484-235-5866 • Fax: 610-992-0021
Web Site: www.amcomp.org • Email: donna@amcomp.org