



ICQ

International Certification of Quality Department
American International Academy

Professional Certification Application Based on Assessment (ICQ-Form-PCA-26040)

(You can complete the application in English or your own language)
(يمكنك تعبئة الطلب بالإنجليزية أو بلغتك الخاصة)

Date	
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1 Applicant Information	
Full Name in English	
الاسم بالعربية *	
Nationality	ID No.
Country	City
Sex	Male Female Birth Date
Email	Contact No.
Shipping Address	
* Only if the applicant is of Arab nationality.	

2 Certification Requested	
Certification Title	

3 Professional Information	
Current Job Title	
Employer/Organization	
Years of Experience in the Field	
Brief Summary of Professional Experience	

Notes Submitting the Application and Documents	
<ol style="list-style-type: none">Please send us the application with the required documents by email (admin@icqd.net). We will review it and respond as soon as possible.Please Note: Shipping fees are added to the total price and vary depending on the country and city. Please inquire about shipping fees before paying.	



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<p>Would you like us to ship your certificate to you? You can order your certificate by email only to save shipping fee.</p>	
<p>Eligibility Documents Required:</p> <ol style="list-style-type: none"> 1. This application. 2. A copy of your passport or ID. 3. A personal photograph. 4. Updated CV. 5. Academic certificates. 6. Experience letters. 7. Any additional supporting documents. 	

4	Applicant Declaration
<p>The applicant must read these statements carefully.</p>	
<ul style="list-style-type: none"> ▪ I acknowledge that all information provided in this application is complete and accurate to the best of my knowledge. ▪ I understand that the fees I pay are non-refundable for any reason after ICQ approves the application. ▪ I understand that ICQ Department reserves the right to modify its services fees, as well as its administrative and financial procedures, at any time, in accordance with its business requirements and needs. ▪ I acknowledge that I have read the preceding statements and agree to all their contents. ▪ I agree to abide by the ICQ Department's rules and regulations and release it from any legal liability towards me. ▪ I accept the final evaluation results issued by ICQ. 	
Name	
Signature *	
Date	
<p>* To sign electronically, please re-enter your name only.</p>	

Official Use Only	
Approval / Notes	
Consultant	
Certification No.	
Registrar Name / Signature	