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 **INTERNATIONAL ORGANIC INSPECTORS ASSOCIATION**

 **INSPECTOR ACCREDITATION APPLICATION**

 Please complete this application as thoroughly as possible and return it to IOIA along with the completed “Certifiers Inspector Evaluation Form” and the appropriate fee. Use additional pages as necessary to answer questions and provide any other information you would like considered in your application for accreditation by IOIA.

 IOIA recognizes that diversity of education and work experience can contribute to inspector qualifications. Therefore, if the applicant’s work and/or education background are not directly related to the accreditation category(s) in an obvious way, the applicant is given the opportunity to make his or her case to establish this relationship. Failure to utilize this opportunity (incomplete applications) will result in denial of accreditation in the relevant categories.

 The non-refundable application fee is $60.00 for the first category plus $10.00 for each additional category sought. Accreditation will be granted for a period of three years. Successful applicants will receive documentation of their IOIA accreditation which will include an expiration date. It is the responsibility of the accredited member to be aware of this date and to reapply at the appropriate time. Pending review, there shall be no interruption in accreditation status when the application for renewal is received prior to the expiration date. If no renewal application is received by the expiration date, accreditation shall be suspended. Mail your application with a check or money order in US funds to IOIA, P.O. Box 6, Broadus, Montana, 59317, USA.

**Name**:  **Date**:

**Address**:

**Phone, fax**:

**Categories in which you seek IOIA Inspector Accreditation:**

**Crops** **[ ]  Livestock** **[ ]  Handling (Processing)** **[ ]**

**COMMITMENT** (Please use additional paper to answer these 5 questions)

1. What is the basis of your desire to work in organic certification?

2. Are there any specific organic regulations under which you inspect that you feel are unnecessary or lacking? Please elaborate.

1. Rate yourself on personal environmental responsibility and elaborate on how important this is to your work and what plans you have for improvement.

4. Describe an activity related to organics or sustainable food and agriculture (other than inspection/certification) in which you are involved on a regular basis.

5. Using 100 words or less per each attribute, rate yourself on each of the following inspector attributes. Elaborate on how important they are to your work and what plans you have for improvement. *Oral communication skills, written communication skills, observation skills*

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| School Name | Location | Degree | Specialization |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 On a separate page, please explain the relationship of your education to inspection work in the categories for which you are applying if the information above is not related in an obvious way.

**WORK AND LIFE EXPERIENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Location | Title | Dates | Brief Description |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 On a separate page, please explain the relationship of your work and life experience to inspection work in the categories for which you are applying if the information above is not related in an obvious way.

**INSPECTION EXPERIENCE**

1. List the certification organizations with whom you have worked:

2. List the years (Ex. 1992, 1993) in which you performed inspections and the total number of inspections by category.

 Years Total

Crop Inspections

Livestock Inspections

Handling Inspections

3. Have you ever received any complaints, letters of reprimand, probationary status, etc. from a certifying agency? Yes [ ]  No [ ]  If yes, please elaborate:

**CONTINUING EDUCATION**

List continuing education events you have attended over the past three years.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |
| Sponsor |  |  |  |  |  |
| Title |  |  |  |  |  |
| Hours |  |  |  |  |  |
| Category of accreditation |  |  |  |  |  |
| Organic/conventional |  |  |  |  |  |

 On a separate page, please explain the relationship of your continuing education to inspection work in the categories for which you are applying if the information above is not related in an obvious way. If you attach brochures or events, seminars, etc., please highlight the relevant areas:

**IOIA-APPROVED TRAINING**

List the location, date, category of IOIA-Approved Trainings attended within the last three years and whether you received a Certificate of Completion.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Location | Category | Received Certificate of Completion |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please feel free to add any additional information which you feel is pertinent to your application:

**CERTIFIER’S INSPECTOR EVALUATION FORM**

 The enclosed form must be completed by all certifiers with whom you have worked in the last three years. You may return it with your application or the certifier may forward it directly to IOIA. All

forms need to be returned to IOIA before your application is reviewed by the ARP.

**I attest that the above information is true and accurate.**

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 **Signature Date**