

Intercultural Communication Institute Practitioner Certificate Application

Name _____

Address _____

City and State /Province/ Prefecture _____

Zip or Postal Code _____ Country _____

Home Phone _____ Work Phone _____

Fax Number _____ Email Address _____

Focus of your professional specialty _____

Courses and Workshops Attended:

Organization Source (ICI, SIIC, etc.)	Name of Course/Workshop	Faculty Member(s)	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide:

- A list of each activity (workshop, course, evening program, etc.) that you have attended and are using to meet the requirements of this certificate. Please include copies of the Certificates of Completion; for each evening program, write a short paragraph that describes the event and its relevance to your intercultural learning.
- An unofficial copy of a transcript showing graduate credit for at least one SIIC course.
- A copy of your current resume.
- A report indicating how the training you received expands your ability as an intercultural practitioner.

Evaluation Fee: US\$250

Method of payment:

- U.S. bank check or money order (enclosed)
 MasterCard VISA AmEx acct. # _____

Expiration date _____ Signature _____

Mail or fax to:

THE INTERCULTURAL COMMUNICATION INSTITUTE
 8835 SW Canyon Lane, Suite 238, Portland, OR 97225 USA
 Phone: (503) 297-4622 Fax: (503) 297-4695 Email: ici@intercultural.org
 Website: www.intercultural.org