

# IECA PROFESSIONAL MEMBERSHIP APPLICATION



Please review the Membership Categories page in the membership information packet or online at [www.IECAonline.com/membership.html](http://www.IECAonline.com/membership.html) for Professional Member qualifications.

**Review the application checklist, complete this application, and return it to the IECA office along with a cover letter, any supporting material, and a check for \$100 payable to IECA (non-refundable application 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 or 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 established:

Month \_\_\_\_\_ Year \_\_\_\_\_

2) How many institutions (i.e. schools, colleges, treatment centers, etc.) have you visited and assessed during the past three years?

\_\_\_\_\_

**Please attach a list of the institutions which you have visited and assessed during the past three years, noting month and year of each visit.**

3) How many individual clients have you advised (in independent practice or in an institutional setting) during the past three years?

Private Practice \_\_\_\_\_

Institution \_\_\_\_\_

Total \_\_\_\_\_

**Please attach a list of the institutions in which your students/clients have enrolled in the past three years.**

4) Are you presently employed by an educational institution?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

5) 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.

\_\_\_\_\_

6) Do you currently hold membership in other counseling or related associations? If yes, list here: \_\_\_\_\_

\_\_\_\_\_

7) Which tests do you administer to clients?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which tests do you routinely interpret or use in your evaluation or advising of clients?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) Is independent consulting your principal profession?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain:

\_\_\_\_\_

\_\_\_\_\_

9) 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:

\_\_\_\_\_

10) Please check (✓) the client categories in which you feel professionally qualified to practice, and which you would choose to list in the IECA Directory if this application is approved.

- Boarding School
- Emotional Difficulties\*
- College
- Day School
- Learning Difficulties\*
- Crisis Intervention\*
- Other
- Graduate and Professional School\*
- International\*\*

If 'other', please describe briefly

\_\_\_\_\_

**\*A supplemental application will be required for acceptance in these specialty areas. Please download the form from [www.iecaonline.com/membership\\_specialty.html](http://www.iecaonline.com/membership_specialty.html) or call the IECA office for this form.**

**\*\*Those working internationally must include a brief description of their business model, including source(s) of compensation.**

11) Are you currently an IECA Associate Member?  
No \_\_\_\_\_ Yes \_\_\_\_\_, since 20 \_\_\_\_\_

Have you attended IECA's Summer Training Institute?  
No \_\_\_\_\_ Yes \_\_\_\_\_, year \_\_\_\_\_

Have you attended other training programs designed specifically for educational counseling?  
Yes \_\_\_\_\_ No \_\_\_\_\_ List program(s) and dates attended:  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL ACADEMIC BACKGROUND:**

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

**Educational Experience:** (Institutions of higher education)

Degree Earned	Major	Institution	Year Degree Awarded

**Related Professional Experience in Admissions, Placement, and/or Counseling:**

Position/Title	Institution	# of Years

Have you ever been convicted of a misdemeanor or felony?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain the circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES:**

Individuals cited as reference should have experience working with the applicant in a professional capacity as an educational consultant, school counselor, or admission official, and should include at least one school, college, or program admission officer with whom the consultant has worked as an admissions professional. At least one reference may be from a current IECA member, an educational or counseling professional, or past client. Personal friends are not considered appropriate references. IECA will forward reference forms directly to the cited individuals.

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

Applicant's signature:

\_\_\_\_\_

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*(Please list two professional and one personal reference)*

1) Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

2) Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

3) Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_