

Competency & Credentialing Institute Willingness-to-Serve Form

Name:	
Home Address: (include city, state, zip)	
Work Address: (include city, state, zip)	
Phone: Alternate Phone:	
Email: Alternate Email:	
Statement of Understanding	
I understand the requirements of the position I seek. I fur understand the time commitment and confidentiality requirements to serve as a volunteer with CCI.	ther
Applicant Name: Date:	
Applicant Signature: Date:	
After signing the Statement of Understanding below, return this form to the Executive Departme	ent, at

Certifications Accredited by the National Commission for Certifying Agencies and the Accreditation Board for Specialty Nursing Certification

executive@cc-institute.org.

NCCA Application for Accreditation

PUBLIC MEMBER DECLARATION

The **public member** preferably should be a consumer or potential consumer of the certificants' skills. Because the certification program may serve various public groups and/or interests, a rotating system may be established to ensure that these interests are fairly represented by the public or consumer member role over time.

l,	, understand that for NCCA to acknowledge me as a public member on the
governing body of	, I must meet the NCCA definition of a public
member.	(name of certification program)

Check the statements below which are true and explain why an exception should be made when a statement cannot be checked as true. **Please note:** Keep a copy of this form for your records.

I attest that neither I nor my immediate family:

- □ are current or previous members of the profession, occupation, role, or specialty area encompassed by the certification programs of the certification organization.
- □ are supervisors, managers, direct co-workers, or an employee or subordinate of individuals in the profession encompassed by the certification programs of the certification organization.
- □ are employees of an individual certified by the certification organization or of an employer of individuals in the profession encompassed by the certification programs of the certification organization.
- □ are currently deriving income from the profession encompassed by the certification programs of the certification organization.
- □ have derived in any of the five years preceding my appointment as a public member on the governing body of our total income from the profession encompassed by the certification programs of the certification organization.

Exception explanations:

Occupation and discipline (If retired from the work force, state what was true just prior to retirement):

Indicate the public/consumer perspective you bring to the governing body:

Signature:

Date: _____

Print Full Name: _____