

American Board for Certification in Homeland Security

APPLICATION FOR FELLOW STATUS



Qualifications for Fellow Status

- Be an ABCHS member in good standing
- Held the Diplomate designation for a minimum of 2 years
- Agree to adhere to the Code of Conduct of the American Board for Certification in Homeland Security

Yes! Please advance me to Fellow status with the American Board for Certification in Homeland Security.

First Name	Middle Initial	Last Name	Designation	Member ID Number
Street Address		Apt. #	City	State/Zip Code
Work Phone	Home Phone	Fax	Email	
License Number/State (If Applicable)			List Primary Specialties	

I certify that the information provided in this application is true and correct. I may be asked to provide additional documentation. I will comply with the relevant provisions of the certificate and agree to uphold the ABCHS Code of Conduct. I will not make claims regarding the certification beyond its scope, use the certificate in a misleading manner, or use in such a manner as to bring the ABCHS Program into disrepute or to be considered misleading or unauthorized. If I would misrepresent my credentials, refuse to provide documentation at a later time if asked, or not follow the recertification requirements, I understand and agree that my ABCHS status will be revoked. I will discontinue the use of all claims to certification and return any certificates issued. I affirm that all of the information that I have provided to the ABCHS Program is true, correct, and complete; ABCHS may verify this information. I agree to hold harmless and indemnify ABCHS and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. I certify that I have not been convicted of a felony. I have not been disciplined for an ethical violation in the last 10 years, nor am I under investigation by any legal, accounting, or licensing board. I have not been dishonorably discharged from military service. ABCHS does not endorse, guarantee, or warrant the work or opinions of any individual certificate holders. Certification does not imply that the organization is licensing or registering qualifications, abilities, or expertise. The objective of ABCHS's publications and the activities that it sponsors is for informative and educational purposes. The views expressed by the authors, publishers, or presenters are their own views and do not necessarily reflect those of ABCHS. ABCHS does not assume any responsibility or liability for its certificate holder's efforts to apply or use the information, suggestions, or recommendations made by the organization, publication resources, or activities.

Signature _____ **Date** _____

Payment Information
 A one-time passage fee of \$250 must accompany application for Fellow status.

Check Number _____ Amount Enclosed \$ _____ Make checks payable to: ABCHS

Charge to: Visa MasterCard American Express

Card number _____ Exp. Date _____

Signature _____

Return to:
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