

CONSUMER COMPLIANCE SPECIALIST APPLICATION FORM

Level of Certification Applied for:

CCCS

Full Name: _____

Professional Information

Title: _____

Organization _____

Name: _____

Address: _____



Business Phone: _____

E-Mail Address: _____

Employment Date

Length of Service at Current Title: _____

Personal Information

Home Address: _____

Home Phone: _____

Formal Training Completed: Please include course name, the organization offering the course, date of completion, and grade earned, if applicable. A separate page may be attached.

Other Information:

(Please furnish any additional information that you feel provides evidence of the successful completion of appropriate coursework or its equivalent, appropriate on-the-job experience, and/or satisfactory performance of key skill areas required at the level of certification for which you are applying. A separate page may be attached.)

By signing below, I hereby declare that all information provided in this application is accurate and true. Furthermore, by signing I agree to indemnify and hold harmless the Education Foundation of State Bank Supervisors, its trustees, officers, employees, agents and representatives, for all acts pursuant to the Certification Program and this application other than those adjudicated by a court of competent jurisdiction to have been grossly negligent or to constitute willful misconduct.

Signature: _____

Date: _____

ATTESTATION FORM FOR CONSUMER COMPLIANCE CERTIFICATION

Part 1: Numerical Rating- Rate the applicant on a scale of 1 to 10 (1=poor, 5=average, 10=superior) for each of the following four categories*:

Technical:

Rating: _____

Provides effective leadership and organization to the examination process

- Demonstrates effective supervisory skills to plan, organize and delegate examination/ inspection functions
- Effectively supervises personnel to ensure adherence to examination policies and procedures
- Actively participates in all phases of training
- Supervises, organizes, and effectively documents workpapers according to prescribed procedures

Conceptual:

Rating: _____

Provides effective and accurate evaluation of the overall activities of financial institutions relating to consumer compliance:

- Effectively demonstrates knowledge of consumer compliance and Community Reinvestment Act policies, procedures, laws, rules and regulations
- Effectively follows established examination procedures to collect and analyze data
- Preparation of written comments is factually and technically correct
- Workpapers support report of examination with detailed information and provide a clear audit trail
- Effectively reviews reports of examination for accuracy, content, conclusions, and proper grammar

Number of Compliance Examinations in which the applicant has been the examiner in charge and written the conclusion and findings. _____

Legal/Compliance:

Rating: _____

Effectively demonstrates knowledge of policies, procedures, laws, rules and regulations related to consumer compliance.

Human Relations:

Rating: _____

Provides effective oral and written communications:

- Effectively communicates assignments to assisting examination personnel
- Effectively communicates with financial institution/licensee management/personnel to obtain information
- Presents logical supporting arguments in response to any management objections and moderates own conclusions if presented with sufficiently supported data by management
- All meetings are performed in an organized and professional manner
- Recommendations and ratings demonstrate a thorough and successful understanding of regulations, statutes, and directives as applicable to the entity under examination/inspection

Part 2: Narrative Support for assigned Ratings

On page 4 of the application form, briefly state the basis for and meaningfully support each of the ratings assigned above. Again, consideration must be given to both the above category definitions and the **criteria listed under the appropriate candidate skill and ability guidelines.** (Note: A separate page may be attached for the narrative portion of the attestation; however, please limit the narrative to one page maximum.)

Narrative Support for Assigned Ratings
(A separate page may be attached.)

I, the undersigned, recommend the named individual for the level of certification indicated. (Note: By signing this document, the undersigned attests to the fact that all representations made in the document are accurate and true.)

Supervisor Signature: _____

Supervisor Name: _____

Supervisor Title: _____

Date: _____

Telephone Number: _____

Commissioner/Director Signature: _____