

TRUST APPLICATION FORM

(Please Print or Type)

Level of Certification:

CTE

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 TRUST 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: _____

- *Ability to understand, collect and organize data, and to employ the automated tools utilized in the examination process.*

Conceptual: Rating: _____

- *Ability to draw sound conclusions from data and information collected within the examination process. List number of Trust Examinations in which the applicant has been EIC and total number of years that the applicant has been a trust examiner.*

Legal/Compliance: Rating: _____

- *Demonstrated knowledge of applicable laws/regulations and ability to apply knowledge to the examination process including the number of hours in advanced trust related education over the previous three years and maintained an ethical approach to the work environment as stated in the Code of Ethical Conduct.*

Human Relations: Rating: _____

- *Ability to communicate clearly and work effectively with others to achieve common goals.*

*In assigning ratings, consideration must be given to both the above category definitions and the criteria listed under the appropriate candidate skill and ability guidelines noted in the certification program. Some ratings may be non-applicable or of greater/lesser importance, depending upon the level of certification.

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: _____