APPLICATION SPECIALIST FORM

|  |  |  |
| --- | --- | --- |
| **Certification Applied for: Certified Application Specialist CAS-\_\_\_\_\_  (indicate level I, II or III)** |  |  |

|  |  |  |
| --- | --- | --- |
|  | | |
| **Applicant Full Name:** |  |  |

Professional Information

|  |  |  |
| --- | --- | --- |
| Title: |  |  |
| Organization Name: |  |  |
| Address: |  |  |
|  |  |  |
| Business Phone: |  |  |
| E-Mail Address: |  |  |

|  |  |  |
| --- | --- | --- |
| Employment Start Date: |  |  |
| Length of Service at Current Title: |  |  |

Personal Information

|  |  |  |
| --- | --- | --- |
| Home Address: |  |  |
|  |  |  |
| Home Phone: |  |  |

Formal Training Completed: This section may be left blank if the applicant completed all of the courses required in the learning plan offered through the CSBS Learning Management System (LMS).

If the applicant is submitting other, equivalent training in lieu of the courses required in the learning plan offered through the LMS, 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 Certified Application Specialist

CAS-\_\_\_\_\_\_\_\_

(Indicate level I, II or III)

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 competencies:

Technical:

Provides effective organization to the application review process by:

* Effectively reviewing and organizing applications
* Ensuring pre-licensure documents are received and requirements are completed,

or places requirements or deficiencies on the company or individual

* Processing applications efficiently and in a timely manner

*Rating:*

Conceptual:

Provides effective and accurate evaluation of the application submitted by companies:

* Effectively follows established licensing procedures to collect and analyze data
* Develops correct conclusions from collected data

*Rating:*

Legal/Compliance:

Provides effective and accurate evaluation of policies, procedures, laws, rules and

regulations:

* Effectively demonstrates knowledge of policies, procedures, laws, rules and

regulations

* Effectively follows established procedures for presenting deficient application

information and recommending corrective action to applicants

*Rating:*

Human Relations:

Provides effective oral and written communications by:

* Effectively and clearly communicating with applicants to obtain information
* Effectively and clearly communicating deficiencies to supervisory personnel

and/or owners/directors/individuals

* Effectively preparing written comments that are accurate, grammatically correct,

logically arranged, and factually support any conclusions drawn.

* Effectively providing licensing information to the public *Rating:*

Part 2: Narrative Support for Assigned Ratings

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.)

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_