

## AWARD CREDENTIAL APPLICATION FORM

### PERSONAL INFORMATION

I, the undersigned

Name..... Surname .....

Address .....

Zip Code ..... City .....

Place and date of birth .....

State ..... Citizenship .....

Phone number ..... E-mail address.....

Believe that my grown professional experience and skills makes me eligible for **AHQSE Credential Award**.  
I submit my Curriculum Vitae to pursue one of following credentials:

- WCE** (World Certified Expert Award)
- WCS** (World Certified Specialist Award)
- WCM** (World Certified Master Award)
- Lead Assessors will establish my certification level according to my Curriculum Vitae

Please, check the Certificate you wish to obtain.

I declare to be aware of the Credential Awards assessment criteria: adequate years of experience and proved competence in a specific field of employment ("Specialized Field") according to my CV. I am aware that the level of certification awarded by the Area Lead Assessors' judgment is irrevocable.

In case of successful application and Credential Award achievement, I commit to pay:

**€ 750,00 for the WCE**

**€ 1.250,00 for the WCS**

**€ 1.750,00 for the WCM**

according to invoice indications.

***Please attach detailed CV, Identification Document or Passport***

.....  
Place and date

.....  
Signature (readable)