

**Association
of
Certified Brand Protection
Professionals**

**APPLICATION
FOR
MEMBERSHIP & CERTIFICATION**

Association of Certified Brand Protection Professionals
Certification Application

This application is intended as an assessment tool with which to evaluate candidates who wish to receive the certification of Certified Brand Protection Professional. Applicants must be able to support all claims made herein. Attach additional sheets to your application if necessary. Incomplete applications will not be considered.

(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
(MAILING ADDRESS)	(CITY)	(STATE) (ZIPCODE) (COUNTRY)
(EMAIL ADDRESS)	(PHONE)	(FAX)

PLEASE CHOOSE THE ITEM(S) THAT BEST DESCRIBE YOUR CURRENT POSITION	
PRIVATE SECTOR	GOVERNMENT - FEDERAL
<input type="checkbox"/> Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Investigator <input type="checkbox"/> Loss Prevention/Security <input type="checkbox"/> Other (Specify)_____	<input type="checkbox"/> Attorney <input type="checkbox"/> Auditor <input type="checkbox"/> Investigator <input type="checkbox"/> Other (Specify)_____

EMPLOYMENT HISTORY

Candidates must provide their employment history for the last seven years of employment. Include the information requested below for each employer listed. You may copy this page for additional employers. If you feel your experience is better demonstrated with more than we require, feel free to attach additional related information.

1.

(NAME OF EMPLOYER)
(ADDRESS)
(CITY/STATE/ZIP/COUNTRY) (PHONE)
(BUSINESS TYPE)
(JOB TITLE) (DATES EMPLOYED)

Describe your responsibilities at this position below:

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REFERENCES

Please attach three (3) professional letters of reference.

EDUCATION

Please list all degrees received:

College/University/School	Major	Degree Received	Date Received
College/University/School	Major	Degree Received	Date Received
College/University/School	Major	Degree Received	Date Received

Other (List any certification programs, specialty training, etc.):

**Please note that ACBPP requires a current copy of any license relating to your professional practices.*

CERTIFICATIONS / HONORS:

Please list below any related certifications or honors already held by the candidate:

PROFESSIONAL ASSOCIATIONS

Please list below any Professional Associations you belong to:

EXPERTISE ASSESSMENT

- List the approximate number of Intellectual Property cases you have worked on in the past year:_____

2. Have you ever given speeches, written articles, books, etc. related to Brand Protection within the past three years?

- Yes
- No

2b. If yes, please give a detailed account of such talks/materials:

3. Have you ever served as an expert witness in an Intellectual Property case?

- Yes
- No

4. Please approximate how much of your professional time is spent on issues related to Intellectual Property and/or Brand Protection. _____%

PERSONAL HISTORY

Have you ever been convicted of a crime?

- Yes
- No

If yes, please explain in detail: _____

Have you ever been brought up on charges of unethical behavior by a professional association?

- Yes
- No

If yes, please explain in detail: _____

Attach any additional information you feel is relevant towards your bid for certification to this application.

APPLICANT'S ACKNOWLEDGEMENT

I certify that all statements made by me on this application are true and correct to the best of my knowledge and belief. I understand that any false, inaccurate, or omitted statements of a material fact could be a cause for reject of my application by the Association of Certified Brand Protection Experts.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant

Date

Fee Structure:

Yearly Membership Fees:
\$150 + \$25 Processing Fee = \$175.00

Please forward completed application to:

Association of Certified Brand Protection Professionals
10 Roosevelt Avenue
Port Jefferson Station, NY 11776-3337