



**ASSOCIATION OF INSPECTORS GENERAL  
ADMISSION TO INSTITUTE COURSE - INSPECTOR GENERAL CERTIFICATION**

**Applicant Information (To be completed by applicant)**

Applicant Name

Title/Position

Telephone Number

Email Address

Applying for (check one)

Inspector General Program

Inspector General Counsel Program

Inspector General Auditor Program

Inspector General Investigator Program

Inspector General Inspector/Evaluator Program

**Inspector General Certification (To be completed by Senior Leader)**

By my signature below, I hereby certify the following:

- I am the most senior leader of an Office of Inspector General or an agency/department designated as the office of inspector general
- I am familiar with the Association of Inspectors General, and I understand the Professional Certification Board relies upon me to recommend only eligible applicants to attend the Institute® Program
- I have reviewed the criteria for admission to the above identified program as outlined in the document entitled "Institute Eligibility Requirements"
- I am familiar with the applicant and applicant's duties
- Applicant meets the eligibility requirements for admission

Title/Position (check one)

Inspector General

Most senior leader of Office of Inspector General (without title of Inspector General)

Most senior leader of an office designated as an office of inspector general but operating under different agency/department title

Signature

Date

Name

Title/Position

Agency

Business Address

Telephone number

Email Address