

(Select only one) Which program are you applying for:

- CERTIFICATION:** I am currently employed by an IG Office and meet the eligibility criteria to receive the Certified Inspector General Certification. It is mandatory that this form below be completed by the Inspector General or Deputy Inspector General.
- CROSS-TRAINING:** I am currently employed by an IG Office and am seeking a cross-training track.
- CONTINUING ED:** I am employed by an organization (not created or titled as an Office of Inspector General) that performs oversight functions similar to an IG's office.

Agency Inspector General's Certification of Applicant Eligibility

To: Association of Inspectors General – Professional Certification Board

From: **From the Name/Title of the IG,
Deputy IG**

Title:

Agency:

Date:

Re: Certification of Applicant Eligibility of

I, _____, certify that I have reviewed the requirements as outlined in the accompanying document entitled "Institute Eligibility Requirements" and that the applicant meets the requirements as stated in said document to attend the following course:

- Inspector General** Program (CIG)
- Inspector General **Auditor** Program (CIGA)
- Inspector General **Inspector/Evaluator** Program (CIGE)
- Inspector General **Investigator** Program (CIGI)
- Inspector **General Counsel** Program (CIGC)

****Please be sure to
choose the correct
course**

Tuition Obligation (Check the appropriate box below):

This agency agrees to pay the Institute tuition for this applicant.

This agency **will not** pay the Institute tuition – the applicant is personally responsible for payment.

I understand that the Association of Inspectors General and the Professional Certification Board relies upon me, as the Inspector General of the agency, to recommend only eligible candidates to attend the Institute® Programs. I hereby certify, having reviewed the eligibility criteria, that the above-named applicant is eligible and recommend they be considered for admission.

Type your full name to indicate signature

Inspector General's Certification:

Date

(Signature) Email:

Business Address:

Telephone Number: