



# International Advancement Certification Program (IACP)

## Application Form for the Professional Level

Congratulations on your decision to pursue certification with Independent School Management (ISM). Being accredited in the **International Advancement Certification Program (IACP)** represents your commitment to the Guiding Principles for Advancement, your dedication to your profession, and your desire to continually improve your professional skills and standing. We hope you will display your certificate in your office and share your rewarding experience with others in the advancement profession.

Please keep a copy of every completed form, including all supporting documentation, for your records—your submissions will NOT be returned. For more details about the requirements, please refer to the handbook.

Allow 8–12 weeks for processing.

You are applying for the  
**Professional Level, IAP** at no cost.



All forms are available at [isminc.com/IACP](http://isminc.com/IACP)  
For more information, please refer to the handbook available on the website.

*Return completed form to:*

**IACP Registrar, ISM**

1316 North Union Street, Wilmington, DE 19806

FAX 302-656-0647 EMAIL [iacpregistrar@isminc.com](mailto:iacpregistrar@isminc.com)

**Applicant Information**

FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST \_\_\_\_\_ SUFFIX \_\_\_\_\_

TITLE \_\_\_\_\_ YEARS AT CURRENT SCHOOL \_\_\_\_\_ DATES \_\_\_\_\_

WHO REPORTS TO YOU? \_\_\_\_\_ TO WHOM DO YOU REPORT? \_\_\_\_\_

**Contact Information**  Home  Work

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE ( HOME  WORK) \_\_\_\_\_ EMAIL \_\_\_\_\_**Current School's Information**  Same address as above

SCHOOL NAME \_\_\_\_\_ STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ WEB \_\_\_\_\_

SCHOOL HEAD \_\_\_\_\_ YEAR FOUNDED \_\_\_\_\_ FULL-TIME EMPLOYEES \_\_\_\_\_

ENROLLMENT \_\_\_\_\_ GRADES (LOWEST) \_\_\_\_\_ (HIGHEST) \_\_\_\_\_

TYPE  BOARDING  DAY  BOTH GENDER  BOYS  GIRLS  CO-EDPEDAGOGY  MONTESSORI  CLASSICAL  WALDORF  OTHER \_\_\_\_\_RELIGIOUS AFFILIATION (IF ANY)  CATHOLIC  CHRISTIAN  EPISCOPAL  ISLAMIC  JEWISH  LUTHERAN  METHODIST  
 NON-DENOMINATIONAL  PRESBYTERIAN  QUAKER  SEVENTH-DAY ADVENTIST  OTHER \_\_\_\_\_

LIST BY ACRONYM ALL MEMBERSHIP ORGANIZATIONS TO WHICH THE SCHOOL BELONGS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Advancement Experience** (In private schools or other nonprofits)

EMPLOYER \_\_\_\_\_ NAME OF SUPERVISOR AND TITLE \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ DATES (MM/YY THROUGH MM/YY) \_\_\_\_\_ QUALIFYING ADVANCEMENT YEARS \_\_\_\_\_  
JOB DESCRIPTION \_\_\_\_\_

[Lined area for job description]

EMPLOYER \_\_\_\_\_ NAME OF SUPERVISOR AND TITLE \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ DATES (MM/YY THROUGH MM/YY) \_\_\_\_\_ QUALIFYING ADVANCEMENT YEARS \_\_\_\_\_  
JOB DESCRIPTION \_\_\_\_\_

[Lined area for job description]



## Letter of Recommendation

Each candidate is required to mail or email a letter of recommendation.

### The letter must include the following characteristics:

- Printed or compiled on school letterhead
- Dated
- Signed by the School Head (not a deputy or with an electronic signature)
- In the case of School Heads applying for certification, the letter should be written by the Board Chair/President
- States that you are employed by the school
- States the title of your position and when you were hired
- States ways in which you are a valued member of the school community. See also leadership activities in the handbook.

## Affidavit

I declare that the information in this application and in any accompanying supporting materials is true and accurate.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Things to remember:

### 1. Application

Fill out your application and sign where necessary. Be sure to keep a copy of any forms or documents you submit.

### 2. Letter of Recommendation

Be sure to follow up with your School Head or a Board Chair/President for your letter of recommendation.

### 3. Affirmation of the Guiding Principles

Read and sign the **Guiding Principals** on the next page.

### 4. Turn applications in via email/fax/mail to:

**IACP Registrar, ISM**  
1316 North Union Street  
Wilmington, DE 19806

FAX 302-656-0647

EMAIL [iacpregistrar@isminc.com](mailto:iacpregistrar@isminc.com)



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# Guiding Principles

## for Advancement Professionals in Independent Schools

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### Mission

We advocate for the missions of our schools.

We deliver the missions of our schools.

We identify and secure resources—both human and financial—to support the missions of our schools.

### Core Values

We believe students come first.

We conduct business in a truthful, respectful, honorable, and legal manner.

We actively engage and support our professional and volunteer team.

We seek data-driven solutions.

We are committed to constituent data privacy and confidentiality.

We are imaginative and innovative in crafting the message.

We are compensated fairly and not through commissions or bonuses.

We meet or exceed the expectations of our constituents.

### Advancement Actions

We believe deeply in the missions of our schools and are compelled to action.

We are guided by our schools' strategic and financial plans.

We create, maintain, and nurture relationships with our schools' diverse constituencies.

We engage, involve, and celebrate our schools' constituencies.

We preserve and enhance philanthropy and volunteerism in our schools.

We act in an ethical manner.

We subscribe to the Code of Ethical Principles and Standards of Professional Practice, and Donor Bill of Rights developed by AAFRC, AHP, CASE, and AFP.

We continue to grow in our profession.

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**I affirm ISM's Guiding Principles and commit to following them  
in my professional practice in the schools I serve.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_

**PLEASE SIGN AND RETURN/EMAIL THIS FORM TO THE IACP REGISTRAR AND KEEP A COPY FOR YOUR RECORDS.**

# Reference: Certification Requirements

Designation	Professional IAP	Senior IAP-S	Leader IAP-L
<b>REQUIREMENTS</b>			
<b>EXPERIENCE</b> <i>Experience Requirements for Senior and Leader level can include previous advancement experience outside private independent schools accepted at a ratio of 2 years to 1.</i>	2 years of advancement experience in private-independent schools	5 years of advancement experience ( <i>Minimum of 2 years in private-independent schools</i> )	10 years of advancement experience ( <i>Minimum of 7 years in private-independent schools</i> )
<b>LETTER OF RECOMMENDATION</b> <i>See requirements on the application or online</i>	Yes	Yes	Yes
<b>AFFIRMATION OF ISM'S GUIDING PRINCIPLES</b>	Yes	Yes	Yes
<b>CREDITS</b>	40 credits	80 credits	100 credits
▶ Through ISM	40	Minimum of 40 Credits	Minimum of 50 Credits
▶ Through ISM approved providers	N/A	Maximum of 40 Credits	Maximum of 50 Credit
	<i>Ways to Earn Credits:</i>	Webinars—1 hour = 1 credit One-day Workshops = 10 credits Four-day Workshops = 30 credits Conference = 10 credits (maximum) Advancement Academy = 40 credits ISM On Site Advancement Work = Determined case by case CEUs—1 CEU = 5 credits (20 credits maximum)	
<b>VOLUNTEERISM</b> <i>Performed outside the professional's school</i>	N/A	20 hours per year	20 hours per year
<b>PORTFOLIO</b> <i>Portfolio of work/results/data required for ISM and/or peer evaluation with letter of explanation e.g., evidence of planning with detailed goals and results; submission of created materials; creation and completion of major project related to school goals</i>	N/A	Yes	Yes
<b>REFLECTION</b>	N/A	Yes	Yes
<b>LEADERSHIP ACTIVITIES</b> <i>You report to the School Head or the Board Chair and participate in at least 3 of the following:</i> <ul style="list-style-type: none"> <li>■ Involvement with strategic planning</li> <li>■ Responsible for budget creation, oversight, and management</li> <li>■ Mentoring of a direct report or colleague</li> <li>■ Leading a conference presentation or workshop</li> <li>■ Publication of articles</li> <li>■ Supervising at least two direct reports</li> </ul>	N/A	N/A	Yes
<b>INTERVIEW</b> <i>Carried out by an ISM professional</i>	N/A	N/A	Yes