



# TRAINING CURRICULUM ACCREDITATION APPLICATION

## Directions:

### **1. Review the eligibility requirements before submitting the accreditation application.**

#### **You must have:**

- An identified body of individuals actively involved in a prescribed learning format. Programs offered must provide a clearly interactive component of educational methodology appropriate to the subject matter and expected training outcomes.
- Clearly outlined trainer/facilitators guides and participant manuals that are in correspondence to a prescribed learning format
- A predominant portion of the learning content is unique and has clear objectives and training processes that incorporate psychology to achieve superior learning results.
- It can demonstrate continuous, on-going and successful operation in the delivery of education and/or training programs. At minimum, one class must either be running or have been completed.
- It has not had a prior accreditation withdrawn from a nationally recognized accrediting agency, nor has it voluntarily withdrawn under a show cause action, within one year prior to application to AIOBP.
- The Applicant is the, or one of the, owners, documented contributors, licensed users, or creators of the methodology and/or curriculum.
- It has an educational process that encompasses psychology to achieve non scholastic education with business or organizational development objectives, and offers certificates or diplomas up to the associate's level.
- The applicant organization prescribes a correspondent time function of education and training offered in continuing education units, clock hours, or credit hours to determine and maintain competency with its certified trainers and/or facilitators.
- It offers education and training other than that required for academic credentials.
- It agrees upon application and accreditation to abide by the AIOBP mission, principles of ethics, and standards for accreditation, policies and procedures and to support the goals and integrity of the accreditation process.

### **2. Attach or send an outline of your research and results, this should include:**

- Research – List specific references of where you got your material or modified to arrive at your conclusions and methodology
- Independent research (if appropriate) – outline the process of your research and controls applied to come to your conclusions and methodology
- Experience – List personal experiences and job functions used to arrive at conclusions or structure methodology

**3. Attach or send a current Training Manual and Trainers Guide inclusive of tools or exercises**

- Training Manual – provide one set as your training participants would receive (PDF is acceptable)
- Trainers Guide – provide one set as used by the trainers which you will credential or certify (PDF is acceptable)
- If there are special tools or exercises, provide one set with an outline of how to use or do them

**4. Upon completion of the application, submit it in one of the following ways:**

- **Send to:**  
**14525 SW Millikan Way**  
**Beaverton, OR 97005**
- E-mail soft copy: [info@aiobp.org](mailto:info@aiobp.org).
- If you have any questions, you can call **(888) 432-0389**

**Contact Information:**

Name: \_\_\_\_\_  
Title or position: \_\_\_\_\_  
Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
ASTD Member ID # (if applicable) \_\_\_\_\_

Are you currently participating (or do you plan to participate) in an Accreditation Completion Program? \_\_\_\_\_ yes \_\_\_\_\_ no

**Candidate Statement**

I fully understand that this is an application for training or facilitation curriculum and/or methodology review purposes only in order to successfully complete the requirements for AIOBP accreditation. To become accredited, I must submit a portfolio. I also understand that after receiving permission to proceed that I must successfully complete written and oral examinations, and supply other pertinent information as requested by the accreditation council. I further understand that any false statements or misrepresentations I make in the course of these proceedings will result in the revocation of this application. In addition, I understand that no refunds will be issued.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Review Fees:** Please indicate one below

- Chartered Member:** \$100
- Enterprise Member:** \$200
- Enterprise Membership + Review:** \$1000

**Accreditation Fees Upon Successful Review**

- Chartered Member:** \$1000
- Enterprise Member:** \$2000

**Method of payment:** Please indicate one below

- Check**
- Credit Card**  
*(online secured)*
- Paypal**

**Note:** If you choose to pay by check we cannot process your application until we receive your payment by mail and it is fully cleared.