



INSTITUTE
OF CORPORATE
DIRECTORS

Request to Certify as an ICD.D Institute-Certified Director

Thank you for your interest in becoming a certified director of the Institute of Corporate Directors. Please complete the following form and submit it to the ICD for consideration. Candidates will be scheduled for the online exam. Eligible candidates will be scheduled for the oral exam on a first-come, first-served basis. Eligibility criteria can be found on the ICD website in the Education/Certification section at www.icd.ca. The ICD will contact you once receiving this request.

Director Membership

I am an ICD Member. Yes No

Director Education

I hereby acknowledge that I have or will have completed the Directors Education Program offered by the ICD. Yes No

Graduation Date _____

Oral Examination

I would like to pre-register for the oral exam. My preferred date and time are:

Date: _____ 9am or 11am

**please note that candidates will be scheduled on a first-come, first-served basis.*

List your current Board positions

Organization	Board Position (i.e. Chair, Vice-Chair, Committee Chair, Member)	Year Appointed	Years Served	Presently on Board (yes/no)	Type of Organization (i.e. Public, Private, Crown, Not-for-Profit)	Size of Organization Revenue (i.e. Small \$0-100 Million, Medium \$100- 500 Million, Large >\$500 Million)

Print Name _____

City _____

Signature _____

Date _____

Please mail, email or fax completed form to:

Institute of Corporate Directors
602-40 University Avenue, Toronto, ON M5J 1T1
EMAIL: ddemasi@icd.ca
FAX: 416-593-0636 Attention: Certification