



New Examiner Application 2019

IMEC Recognition Program

Submit applications to:

Email: hbender@imec.org

Online Application:

ilpex.org/develop/examiner-information/

Direct questions to:

Holly Bender

hbender@imec.org

309.235.5204

www.ilpex.org

www.imec.org

1501 W. Bradley Ave | Peoria, IL 61625 | 888.806.4632 | www.imec.org

Application Deadline: April 5, 2019



Section I. Contact Information

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Preferred Name for Certificate: _____

Work or Primary Email Address: _____

Primary Phone Number: _____ Work Home Mobile

Alternate Email Address: _____

Alternate Phone Number: _____ Work Home Mobile

Home Address Line 1: _____

City: _____ State: _____ Zip: _____

Have you served as a National Baldrige examiner or an examiner in another state? Yes No

If yes, please indicate the state/year(s) served: _____

Section II. Employment Information

Employment Status: Full-Time Part-Time Retired Unemployed

Employer: _____

Position Title: _____

Address Line 1: _____

City: _____ State: _____ Zip: _____

Manager's Name/Title: _____

Manager's Email Address: _____

Manager's Signature of Approval: _____

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Organization Sector (*select one*):

Business	Government	Nonprofit
Education: Pre-K – 12	Health Care	Service
Education: Post-Secondary	Manufacturing	Small Business
Education: Other		

Section III. Education, Assessment/Evaluation and Sector Experience

1. Education and Training Background

Please place a checkmark next to your highest education level.

Degree Level		School Name	Concentration (Ex: Education, MBA, etc.)
Associate Degree	<input type="checkbox"/>		
Undergraduate Degree	<input type="checkbox"/>		
Master's Degree	<input type="checkbox"/>		
Doctorate Degree	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

2. Self-Assessment Part I

Please rank from 1 to 7 your ability to evaluate applications in the following areas.

Category	Ranking 7= strongest / 1 = weakest	Category	Ranking 7= strongest / 1 = weakest
Leadership	<input type="text"/>	Workforce	<input type="text"/>
Strategic Planning	<input type="text"/>	Operations	<input type="text"/>
Customers/Patients/Students	<input type="text"/>	Organizational Results & Data	<input type="text"/>
Information and Knowledge Management	<input type="text"/>		

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3. Self-Assessment Part II

Please rank from 1 to 10 your ability to evaluate applications in the following areas.

Sector	Ranking 10= strongest 1 = weakest	Sector	Ranking 10= strongest 1 = weakest
Business		Healthcare	
Education: Pre-K – 12		Manufacturing	
Education: Post-Secondary		Nonprofit	
Education: Other		Service	
Government		Small Business	

Section IV. Examiner Training Courses

Please select the Examiner Training option you prefer. New Examiner Training is required for first year examiners.

Choose	Training	Date	Location
X	New Examiner Training (Required)	May 8-9, 2019	Elkay Oak Brook, IL
	Examiner Training Option 1	May 21-23, 2019	CCSD93 Bloomingdale, IL
	Examiner Training Option 2	May 29-31, 2019	NEXT Innovation Center Peoria, IL

Section V. Site Visit Availability

Site visits run Monday through Friday. Please rank your preferred two weeks for site visit. **Please hold these two weeks until site visit details are finalized.**

Ranking 1 = 1 st choice & 2 = 2 nd choice					
	September 9 – September 13		September 16 – September 20		September 23 – September 27

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Section VI. Registration Fees & Payment Information

Examiner registration fees cover the cost of training materials and site expenses.

Submit payment by check: IMEC, attn. Recognition Program
1501 W. Bradley Ave, Peoria, IL 61625

	Fee	Included Training
First Year Examiner	\$1075	New Examiner Training (2 days) Examiner Training (2.5 days)
Examiner Training Only <i>(Will not evaluate an applicant)</i>	\$1500	New Examiner Training (2 days) Examiner Training (2.5 days)

To request an invoice, send an email to: **elee@imec.org**

By signing, applicant agrees they have read and agree to abide by the Code of Ethical Standards and Program Guidelines.

Signature of Examiner Applicant

Date

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