



# Returning Examiner Application 2019

## IMEC Recognition Program

**Submit applications to:**

Email: [hbender@imec.org](mailto:hbender@imec.org)

**Online Application:**

[ilpex.org/develop/examiner-information/](http://ilpex.org/develop/examiner-information/)

**Direct questions to:**

Holly Bender

[hbender@imec.org](mailto:hbender@imec.org)

309.235.5204

[www.ilpex.org](http://www.ilpex.org)

[www.imec.org](http://www.imec.org)



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

Manager's Email Address: \_\_\_\_\_

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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. Examiner Training Courses**

Please select the Examiner Training option you prefer.

Choose	Training	Date	Location
	Senior Examiner Training <i>(by invitation only)</i>	April 12, 2019	CCSD93   Bloomingdale, Illinois
	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 IV. 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 <sup>st</sup> choice & 2 = 2 <sup>nd</sup> choice					
	September 9 – September 13		September 16 – September 20		September 23 – September 27

**Section V. Registration Fees & Payment Information**

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

Submit payment by check: IMEC – attn. Emily Lee  
1501 W. Bradley Ave, Peoria, IL 61625

	Fee
Second year examiner	\$500.00 <i>(Includes New Examiner Training 5/8-9 if desired)</i>
Third year and beyond	No Fee

To request an invoice, send email to: [elee@imec.org](mailto: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