



2020 New Examiner Application

Submit applications and direct questions to:

Holly Bender

hbender@imec.org

309.235.5204

Online Application:

ilpex.org/develop/examiner-information/



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

Application Deadline: April 10, 2020



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(s)/total 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		
Undergraduate Degree		
Master’s Degree		
Doctorate Degree		
Other		

2. Self-Assessment Part I

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

Category	Rank (1-7)	Category	Ranking (1-7)
Scale: 7= Strongest Area of Experience 1 = Weakest Area of Experience Use each number from 1-7 only once			
Leadership		Workforce	
Strategic Planning		Operations	
Customers/Patients/Students		Organizational Results & Data	
Information and Knowledge Management			

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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	Sector	Ranking
10= Strongest Area of Experience 1 = Weakest Area of Experience Use each number from 1-10 only once			
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 <i>(Required)</i>	May 11-12, 2020	Virtual
X	Examiner Training <i>(Required)</i>	May 13-14, 2020	Virtual

Section V. Site Visit Availability

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

Ranking 1 = 1 st choice 2 = 2 nd choice 3 = 3 rd choice					
	August 16 - 21		August 23 - 28		August 31 – September 4

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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

Selection	Option	Fee	Included Training
<input type="checkbox"/>	First Year Examiner	\$1075	New Examiner Training (2 days) Examiner Training (2 days)
<input type="checkbox"/>	Examiner Training Only <i>(Will not evaluate an applicant)</i>	\$1500	New Examiner Training (2 days) Examiner Training (2 days)

To request an invoice, send an email to: hbender@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

**After completion, print
form, sign, obtain
manager's signature,
and email to:
hbender@imec.org**

Direct questions to:
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