



International Profession Management Organization of U.S.A

I. International Profession Management Organization of U.S.A International Profession Certification

Chinese Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age
English Name		Birth Place	Country	Province City
Birth Date		Recommended By		
Contact Information	Home phone :		Cell :	Fax :
	Email :			
Address				
Application Type	<input type="checkbox"/> Professional Certification <input type="checkbox"/> Professor Certification <input type="checkbox"/> Associate Professor Certification <input type="checkbox"/> Teacher/Instructor Certification <input type="checkbox"/> World Outstanding Chinese Purlinton Certification			
Occupation				
Education				
Payment Option	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Others			
	Card # :	- - -	Expiration Date:	(mm/yy)
	Amount : USD \$		Date:	(mm/dd/yy)
	Signature :		Please fax form toUSA (909) -598-0075	
Regulation	Upon receiving this Certification, I will abide to the Organization regulations, will not disperse false information, and will not jeopardize the Organization with unacceptable behavior.			Passport (1 inch)
Documents	1. Application Form 2. Two(2) color copies of Passport 3. Four(4) color Passport Photos(2 inch) 4. Two(2) copies of education diploma and transcript 5. Two(2) copies of Professional Certificate			
Signature	English	Chinese	(Comment)	
Date				