



INTERNATIONAL
ASSOCIATION
OF OFFICIAL
HUMAN RIGHTS
AGENCIES

APPLICATION FOR CERTIFIED FAIR HOUSING INVESTIGATOR EVALUATION AND EXAMINATION

PLEASE TYPE OR PRINT CLEARLY

Full Name: _____
FIRST MIDDLE INITIAL LAST

Job Title: _____

Address: _____

City: _____ State: ____

PHONE: _____ CELL: _____

EMAIL: _____

Agency Name: _____

Agency Director's Name: _____

Agency Director's Email: _____

Is Agency a member of IAOHRA? Yes NO

NFHTA STUDENT INFORMATION

1. Have you completed the 5-week core curriculum offered by the Patricia Roberts Harris National Fair Housing Training Academy? ___ Yes ___ No, but will complete by the examination date.
2. Do you have 2 years experience as a fair housing investigator? ___ Yes ___ No
3. Have you completed five (5) fair housing investigations? ___ Yes ___ No
4. Do you require special accommodations under the Americans with Disabilities Act and/or Title VII of the Civil Rights Act? ___ Yes ___ No

If you answered "Yes" please complete the Accommodations Request Form. IAOHRA and NFHTA pledge to comply with the provisions of the American with Disabilities Act, as amended and with Title VII of the Civil Rights Act, as amended, to the best of their ability.



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I affirm and acknowledge my commitment to IAOHRA's principles and tenets of honesty, integrity, objectivity, fairness and candor in all my professional human and civil rights interactions.

I further affirm that I have not been held liable or responsible in an administrative, judicial forum or by a licensing body for conduct involving negligence, breach of trust, or violation of any local, state or federal anti-discrimination laws.

I further affirm that I will uphold these principles in my professional endeavors.

By submitting this application, I attest that the information I have provided on this application is accurate, true and correct to the best of my knowledge. I understand that IAOHRA reserves the right to verify any and all information in my application, this request or in connection with my certification. Therefore, I understand and agree that my failure to provide accurate, true and correct information shall constitute grounds for rejection of my application, request for this accommodation in testing or denial or revocation of my certification.

Signature: _____ **Date:** _____

PAYMENT INFORMATION

FEES	IAOHRA Members	Non- Members	Cost
APPLICATION FEE	\$100	\$150	
EXAMINATION FEE	\$300	\$350	
STUDY GUIDE and EXAM PREPARATION MANUAL	\$35	\$40	
CERTIFICATION REFRESHER COURSE (study guide included in fee)	\$750	\$1,000	
TOTAL Amount Due:			\$
<p><i>Make checks payable to: IAOHRA</i> <i>Mail to: IAOHRA</i> <i>444 North Capitol Street, N.W. Suite 536, Washington, D.C.20001 Attn: Lonnie Douglas</i></p>			