

APPLICATION

Investor Relations Charter Examination



Internal Use Only

Prefix Last Name First Name Middle Name Suffix (Jr, Sr, III, etc.)

Preferred Address Home Work

I. HOME ADDRESS

Address 1

Address 2

City State Zip code

Foreign province Foreign postal code Country

Home phone Home email address

II. WORK ADDRESS

Company

Address 1

Address 2

City State Zip code

Foreign province Foreign postal code Country

Work phone Work email address

III. DEMOGRAPHIC INFORMATION (OPTIONAL)

Gender Male Female Not specified

Age range Under 25 25-29 30-39
 40-49 50-59 60+

How long have you been employed in the investor relations field of practice?

Employment Status Full time Part time
 Not currently employed

Have you taken this exam before? Yes No

Is your employer paying for this exam? Yes No N/A

Does reimbursement of the fee depend on your passing result?
 Yes No N/A

What is the primary reason you wish to become certified?

- Required by current employer
- To qualify for a higher professional position with current employer
- To qualify for a salary increase with current employer
- Personal choice/professional pride
- Other

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IV. WORK EXPERIENCE (MOST RECENT FIRST)

Employer	Position title	Employer telephone
Employment status <input type="checkbox"/> Full time <input type="radio"/> Part time	Employment dates (mm/yyyy) to (mm/yyyy)	<input type="text"/> to <input type="text"/>

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Employment status <input type="checkbox"/> Full time <input type="radio"/> Part time	Employment dates (mm/yyyy) to (mm/yyyy)	<input type="text"/> to <input type="text"/>

Select applicable work experience from the following areas of IR practice:

- | | |
|---|--|
| <input type="checkbox"/> IR Strategy Formulation | <input type="checkbox"/> IR Planning, Implementation and Measurement |
| <input type="checkbox"/> Corporate Messaging Development | <input type="checkbox"/> Marketing and Outreach |
| <input type="checkbox"/> Corporate Financial Reporting and Analysis | <input type="checkbox"/> Business Insight |
| <input type="checkbox"/> Strategic Counsel and Collaboration | <input type="checkbox"/> Capital Markets and Capital Structure |
| <input type="checkbox"/> Corporate Regulatory Compliance | <input type="checkbox"/> Corporate Governance |

V. EDUCATION

Degree attained	Name of institution
<input type="text"/>	Year (mm/yyyy) <input type="text"/>
Field of study	<input type="text"/>

Degree attained	Name of institution
<input type="text"/>	Year (mm/yyyy) <input type="text"/>
Field of study	<input type="text"/>

VI. CERTIFICATION

Certification type (designation)	Name of institution
Effective date (mm/dd/yyyy) <input type="text"/>	Expiration date (mm/dd/yyyy) <input type="text"/>

Certification type (designation)	Name of institution
Effective date (mm/dd/yyyy) <input type="text"/>	Expiration date (mm/dd/yyyy) <input type="text"/>

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VII. TESTING WINDOW

March June November

VIII. EXAM LOCATION

City, state, country

IX. ELIGIBILITY REQUIREMENTS

Option under which you are applying:

- Option 1** – U.S. Bachelor's degree or equivalent with three or more years of qualifying full-time work experience as an IR practitioner or IR counselor.
- Option 2** – Six or more years of qualifying full-time work experience as an IR practitioner or IR counselor.
- Option 3** – Hold a current certification relevant to IR practice with three or more years of qualifying full-time work experience as an IR practitioner or IR counselor.

X. EXAMINATION FEES

- NIRI Members/EARLY DEADLINE – \$1095 NIRI Non-members/EARLY DEADLINE – \$1595
- NIRI Members/FINAL DEADLINE – \$1295 NIRI Non-members/FINAL DEADLINE – \$1795

XII. APPLICANT VERIFICATION/AUTHORIZATION – I certify that all statements given in this application are true and correct and that NIRI, the Certification Council, committees, and/or agents are hereby authorized to verify the information in this application and to make inquiries necessary to ascertain the accuracy of this application and my eligibility for certification. I also authorize any organization and individual listed to validate this application information. I understand that any misrepresentation of the information I have provided will result in the rejection of this application and resulting examination. I also certify that I have read the IRC Certification Applicant Handbook and understand and agree to the policies set forth therein. I understand that I must comply with the IRC certification code of conduct and the renewal policy to maintain my certification. I release from all liabilities the NIRI, the Certification Council, committees, and agents, and I am aware that any certification I may receive from NIRI will not constitute and shall not be construed as a license.

XIII. NON-DISCLOSURE AGREEMENT AND GENERAL TERMS OF USE – This examination is confidential and proprietary. It is made available to you, the examinee, solely for the purpose of assessing your competency in the area referenced in the title of this examination. You are expressly prohibited from recording, copying, disclosing, publishing, reproducing, or transmitting this examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior express written permission of the Certification Council or NIRI. Non-compliance may lead to the revocation of your certification.

- By checking this box, I certify that the information presented in this application and the documents presented are true to the best of my knowledge and that I consent to all the stipulations associated with submitting this application for consideration.

e-signature of applicant

Date of application

SUBMIT

Or remit payment along with application to:

NIRI – Investor Relations Charter
225 Reinekers Lane, Suite 560
Alexandria, VA 22314 USA

XI. PAYMENT INFORMATION

- Check enclosed in U.S. dollars payable to NIRI
- MasterCard VISA AmEx

Card number

Security code

Expiration date

Cardholder name – PLEASE PRINT

Zip code of billing address

- As an authorized user, I approve this charge.

FOR OFFICE USE ONLY

Program Code: IRC Delivery Method: CBT Web

Applicant Status: First Time Repeat Recertification

- Signed application
- Resume
- Experience verification form or HR memorandum
- College transcripts evaluation for international applicants
- College diploma or transcripts
- Proof of NIRI membership
- Applicable fees
- Request for special accommodations

Application Status: Approved Rejected Pending