



Electronic Document Professional Application

Information about this form

This form is designed to establish your eligibility to apply for certification as an Electronic Document Professional (EDP). It is a means for you to determine whether you are eligible to apply and, for us in turn, to confirm your eligibility. Please take a minute to read through the application before starting to complete the sections.

The requirements are simple:

- You need five years experience in the Electronic Document Industry and be currently employed in the field *
- You need to accept the Code of Ethics of an Electronic Document Professional
- You need to demonstrate a commitment to continued learning and current awareness in the industry by earning at least **100 education credits** and supply supporting documentation

Complete the sections that ask for information about you and your work in the Electronic Document Industry as well as education credits. Then sign the Code of Ethics, sign the Declaration, and give us information on how you are making your payment.

If you need to use additional pages to note additional educational courses, etc., then please indicate clearly on these pages your name and the sections to which the information relates.

Finally, we recommend that you make a **copy** of everything and send the original application form and any additional notes along with copies of your supporting information to Xplor Headquarters.

We will let you know if your application is successful and send you a Candidate's Handbook. You then need to compile three work examples that demonstrate the depth and breadth of your knowledge in the Electronic Document Industry and submit them to us by **October 1**.

Good luck, and if you have any questions, please call us at: +1-800-669-7567 or +1-813-949-6170 outside the USA.

* **Actively engaged, currently employed, or seeking employment in the electronic document industry.** Due to challenging economic times, this requirement has been modified as stated until further notice.

Information about you

Name (First, Middle Initial, Last):

Address

City, State, or Province

Zip or Postal Code

Country:

Phone:

Email Address:

I am currently employed in the field of electronic documents.

I have worked in the field of electronic document systems or in a related field for
_____ years, from _____ to _____ .



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Your work in the industry – You need 5 years

Please describe your employment starting with your *current* position

Company Name *Your Position or Title*

Company Address *Contact Name, Contact Phone and/or Email Address*

of Years , *From (Year)* *To (Year)*

Please describe your previous employment

Company Name *Your Position or Title*

Company Address *Contact Name, Contact Phone and/or Email Address*

of Years , *From (Year)* *To (Year)*

Company Name *Your Position or Title*

Company Address *Contact Name, Contact Phone and/or Email Address*

of Years , *From (Year)* *To (Year)*

Company Name *Your Position or Title*

Company Address *Contact Name, Contact Phone and/or Email Address*

of Years , *From (Year)* *To (Year)*

Company Name *Your Position or Title*

Company Address *Contact Name, Contact Phone and/or Email Address*

of Years , *From (Year)* *To (Year)*

Your education credits – You need 100

Please describe your higher education, college, or degree earning studies – 10 credits per year up to a maximum of 50

Organization *Course*

of Years , *From (Year)* *To (Year)*
Organization *Course*

of Years , *From (Year)* *To (Year)*
Organization *Course*

of Years , *From (Year)* *To (Year)*
Organization *Course*

of Years , *From (Year)* *To (Year)*



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Please describe any professional certification earned directly related to the electronic document industry – 25 credits/certification.

Sponsoring Organization *Certification*

Year Certification Earned
Sponsoring Organization *Certification*

Year Certification Earned
Sponsoring Organization *Certification*

Year Certification Earned
Sponsoring Organization *Certification*

Year Certification Earned

Please describe your electronic document industry-related courses with examination or accredited courses – 10 credits per Continuing Education Unit (CEU) or Passing Grade.

Organization *Course*

Year Course Taken *# of Course Days* *# of CEUs Earned or Grade*
Organization *Course*

Year Course Taken *# of Course Days* *# of CEUs Earned or Grade*
Organization *Course*

Year Course Taken *# of Course Days* *# of CEUs Earned or Grade*
Organization *Course*

Year Course Taken *# of Course Days* *# of CEUs Earned or Grade*
Organization *Course*

Year Course Taken *# of Course Days* *# of CEUs Earned or Grade*

Please describe your attendance, in the past 5 years, at conferences, courses, seminars, and certificate programs sponsored by educational institutions, professional trade associations, vendors, government agencies, consulting firms, and other relevant seminars. All must be directly related to the electronic document industry to qualify for credits. Each activity must be a least one day, have a professional content, and instructor/presenter – 6 credits per day/3 credits per half day

Organization *Course*

Year Attended *# of Days* *Course*
Organization

Year Attended *# of Days* *Course*
Organization



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Online webinars – continued

<i>Organization</i>		<i>Webinar Name</i>
<i>Date Attended</i>	<i># of Hours</i>	<i>Webinar Name</i>
<i>Organization</i>		
<i>Date Attended</i>	<i># of Hours</i>	<i>Webinar Name</i>
<i>Organization</i>		
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<i>Organization</i>		
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<i>Organization</i>		

Code of Ethics for Electronic Document Professionals

As an Electronic Document Professional I will strive to maintain and improve the standards of the profession and encourage the spread of knowledge relating to the development of the industry.

I acknowledge that I have an obligation to society. Therefore I will actively cooperate with other Electronic Document Professionals to promote the understanding of the key role of electronic document systems in business and its power to help people communicate.

I recognize that as part of a worldwide fellowship I shall be loyal to my fellow Electronic Document Professionals, and be willing to share my experience and participate in ways to advance the technology and our profession.

I will not use confidential information pertaining to the business of a fellow EDP to advance my own interests.

As an Electronic Document Professional I recognize the need for an open relationship among customers and suppliers. I shall therefore endeavor to be honest and fair in my commercial relationships.

I have an obligation to use electronic document systems in ways that will best meet my employer's mission and encourage other associates within the organization towards the same goals.

I acknowledge that this Code of Ethics is an integral part of the rights and responsibilities conferred upon me as an Electronic Document Professional.



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Declaration

I certify that the information supplied here is true and correct.

I understand that any knowingly false statement herein is grounds for this application to be rejected or the EDP designation, if granted, to be revoked. By signing this application, you are providing permission to use your name and your Company name to promote your potential success in the Electronic Document Certification program. Your contact details, such as email address and phone number, will be used to contact you regarding upcoming EDP certification program and Xplor events. This can assist you in gaining points for future recertification.

Signature

Date

Thank you for applying to the EDP Certification Program. Please remember to provide supporting documentation such as copies of course certificates, certification awards, diplomas, or conference registration documents, or attendance badges. If you needed additional space when filling out the sections, then please remember to attach the additional sheets.

If you want more information on the certification program, its requirements, and the timeline, please go to www.xplor.org/edp.

Please complete this form and return it with copies of all supporting information and your application fee to:

Xplor International
24156 SR 54
Suite 4
Lutz, FL 33559
U.S.A.