Application for the Practitioner certification test

Practitioner applicants already hold Associate certification from the Altshuller Institute.

Testing fee: $400. A retake is the same amount. This form does not add a membership fee or a proctor fee.

Pay the testing fee in the Institute store before the exam: https://aitriz.org/pages/store#practitioner-certification-fee

A current Institute membership (annual or lifetime) is required. Membership is separate from this testing fee.

Submit at least four weeks before the test. All fees must be paid in advance. If you do not pass, a new registration and the testing fee are required.

The exam may be taken online or proctored. The Institute will confirm the date and, for a proctored exam, the place.

Email this completed PDF, and any documents, to board@aitriz.org. Or use the online application: https://aitriz.org/pages/practitioner-application

Your name

First name

Middle name (optional)

Last name

Work and education

Employer (optional)

Job title (optional)

Highest education level (optional)

Mailing address

Street address

City

State (optional)

Country

ZIP / postal code

Telephone

Email

Associate certification

☐ I hold Associate certification from the Altshuller Institute.

Name on the Associate certificate

Date of Associate certification

Certificate number (optional)

Application for the Practitioner certification test (continued)

Exam

Preferred test date

Testing

- ○ Online
- ○ Proctored

Is this a certification re-test with the Altshuller Institute?

- ○ No
- ○ Yes

A re-test is $400. A failed test requires a new registration and the testing fee.

Email a copy of your Associate certificate, if you have one, to board@aitriz.org. Put your name and "Practitioner certification" in the subject.

Payment

Certification desired: Practitioner. Testing fee $400, including a re-test.

☐ I understand that all fees must be paid in advance, and that a failed test requires a new registration and the testing fee.

Signature

Type your name, or print this form and sign it.

Signature

Date

Email the completed form to board@aitriz.org. This file does not upload documents.