



Chartered Banking Professional

APPLICATION FOR ChBP CANDIDACY

4273 Highland Road | Baton Rouge, LA 70808-4541
GSBSLU OFFICE: (225) 766-8595 | (888) 278-0025
ChBP DIRECTOR: (225) 747-0747 | FX: (225) 766-2561

CONTACT INFORMATION: Please TYPE or PRINT all applicable information carefully and completely.

Form with fields for LEGAL LAST NAME, LEGAL FIRST NAME, MI, SUFFIX, PREFERRED FIRST NAME, MAIDEN LAST NAME (IF APPLICABLE), GENDER, BIRTHDATE (MM/DD/YYYY), LAST 4 DIGITS OF SSN, HOME STREET ADDRESS, CITY, STATE, ZIP, PREFERRED MAILING ADDRESS (IF DIFFERENT), HOME E-MAIL ADDRESS, CELL PHONE (###-###-####)

WORK HISTORY: PLEASE LIST WORK HISTORY IN REVERSE CHRONOLOGICAL ORDER FOR AT LEAST THE PAST 10 YEARS. ATTACH ADDITIONAL PAGES AS NECESSARY.

Form with fields for CURRENT EMPLOYER, EMPLOYED SINCE (MM/YY), CURRENT EMPLOYER ADDRESS, CITY, STATE, ZIP, CURRENT TITLE OR POSITION, POSITION HELD SINCE (MM/YY), WORK E-MAIL ADDRESS, WORK PHONE (###-###-####), PREVIOUS EMPLOYER #1, EMPLOYED (MM/YY-MM/YY), LAST POSITION HELD, PREVIOUS EMPLOYER #1 ADDRESS, CITY, STATE, ZIP, PREVIOUS EMPLOYER #2, EMPLOYED (MM/YY-MM/YY), LAST POSITION HELD, PREVIOUS EMPLOYER #2 ADDRESS, CITY, STATE, ZIP, PREVIOUS EMPLOYER #3, EMPLOYED (MM/YY-MM/YY), LAST POSITION HELD, PREVIOUS EMPLOYER #3 ADDRESS, CITY, STATE, ZIP

EDUCATION: OFFICIAL TRANSCRIPTS OR COPIES OF DIPLOMA(S) SHOULD BE SENT TO THE ADDRESS AT THE TOP OF THIS APPLICATION. *(HIGH SCHOOL TRANSCRIPT AND/OR DIPLOMA NOT APPLICABLE)*

NAME OF HIGH SCHOOL		GRADUATION DATE (MM/YY)	
HIGH SCHOOL ADDRESS	CITY	STATE	ZIP
COLLEGE/UNIVERSITY #1 NAME (IF APPLICABLE)		ATTENDED (MM/YY – MM/YY)	
COLLEGE OR UNIVERSITY #1 ADDRESS		CITY	STATE
<input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORAL <input type="checkbox"/> OTHER:			
TYPE OF DEGREE PROGRAM	MAJOR	GRADUATED (MM/YY)	
COLLEGE/UNIVERSITY #2 NAME (IF APPLICABLE)		ATTENDED (MM/YY – MM/YY)	
COLLEGE OR UNIVERSITY #2 ADDRESS		CITY	STATE
<input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORAL <input type="checkbox"/> OTHER:			
TYPE OF DEGREE PROGRAM	MAJOR	GRADUATED (MM/YY)	
COLLEGE/UNIVERSITY #3 NAME (IF APPLICABLE)		ATTENDED (MM/YY – MM/YY)	
COLLEGE OR UNIVERSITY #3 ADDRESS		CITY	STATE
<input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORAL <input type="checkbox"/> OTHER:			
TYPE OF DEGREE PROGRAM	MAJOR	GRADUATED (MM/YY)	

BANKING EDUCATION: OFFICIAL TRANSCRIPTS OR COPIES OF DIPLOMAS/CERTIFICATES SHOULD BE SENT TO THE ADDRESS AT THE TOP OF THIS APPLICATION.

STATE BANKING SCHOOL

NAME OF PROGRAM		GRADUATED (MM/YY)	

GRADUATE SCHOOL OF BANKING

NAME OF PROGRAM		GRADUATED (MM/YY)	

SPECIALIZED BANKING SCHOOL

NAME OF PROGRAM		GRADUATED (MM/YY)	

OTHER BANKING PROGRAM

NAME OF PROGRAM		GRADUATED (MM/YY)	

OTHER BANKING PROGRAM

NAME OF PROGRAM		GRADUATED (MM/YY)	

ELIGIBILITY REQUIREMENTS: Please read the following eligibility requirements. A ChBP® candidate must meet one of the following four eligibility categories to be eligible for the ChBP® designation. Please check the applicable box (successful completion of "Examination" is assumed for application purposes).

Eligibility Criteria	Eligibility Category			
	5 Years	10 Years	5 Years	-
1. Documented experience in Banking, Consulting, or Financial Institution Regulation	5 Years	10 Years	5 Years	-
2. Documented teaching experience at an accredited college/university	-	-	-	10 Years
3. Documented teaching experience as an instructor at a Graduate School of Banking (GSB)	-	-	5 Years	5 Years
4. Successful completion of a State Banking School <i>OR</i> undergraduate degree from an accredited college/university	Yes	-	Yes	Yes
5. Successful completion of a Graduate School of Banking (GSB) program	Yes	Yes	-	-
6. Submission of ChBP® Professional Conduct Statement (PCS) and successful completion of ChBP® exam	Yes	Yes	Yes	Yes

1. Full-time experience in banking, bank consulting, or banking regulation is self-reported. *Verification method: A letter from the bank's human resources office or the regulatory agency.*
2. Full-time college- or university-level teaching experience in a business-related topic area is self-reported. *Verification method: A letter from the university or college where the individual is employed.*
3. Documented teaching experience as a GSB instructor is self-reported. *Verification method: A letter from the Executive Director or Director of Curriculum of respective GSB.*
4. Completion of a banking school (or equivalent) offered by a state banking association is self-reported. *Verification methods: A letter from the state banking association certifying completion, or a copy of the student's certificate of completion.*
-OR-
 Undergraduate degree from accredited college/university is self-reported. *Verification method: A transcript from the institution where the degree was awarded.*
5. Completion of a regional graduate school of banking or service as an instructor (minimum 5 years) at a regional graduate school of banking is self-reported. The following five institutions will be recognized for this requirement:
 - a. Graduate School of Banking at Louisiana State University (GSBSLU)
 - b. Graduate School of Banking at the University of Wisconsin-Madison (GSBWM)
 - c. Pacific Coast Banking School at the University of Washington (PCBS)
 - d. Graduate School of Banking at Colorado (GSBC)
 - e. ABA Stonier Graduate School of Banking (Stonier)*Verification method: A letter from the regional graduate school of banking documenting completion of the program or service as an instructor will be requested by GSBSLU. **NOTE:** Eligibility is currently open only to graduates and/or instructors from GSBSLU.*
6. A Professional Conduct Statement (PCS) is required (below), which will remain on file with the GSBSLU office.

A passing score on the ChBP Exam is required.

- a. Upon acceptance and approval of the ChBP Candidacy Application, the ChBP Candidate must sit for the ChBP Exam. The ChBP Curriculum is provided by GSBSLU.
- b. The cost of exam registration is a non-refundable \$100 per exam sitting.
- c. ChBP Candidates will be provided their score and notified if they passed or did not pass the ChBP exam.
- d. A detailed score report of individual questions and answers will NOT be provided to the Candidate.
- e. A student who fails to pass the ChBP Exam on a scheduled sitting will not be eligible to retake the exam for three (3) months.
- f. ChBP Candidates may appeal the results of their exam in writing upon submission of a \$100 re-grading fee.
- g. All scores and appeals will remain on file with the GSBSLU office.

This Charter Application shall be accompanied by a non-refundable application fee of **\$500**. The application will be assessed by the ChBP® Review Board and, upon approval, the ChBP® Candidate will receive the ChBP® curriculum necessary to study for the exam. Within **270** days after receipt of the curriculum, the ChBP® candidate must request exam sitting (see "*Exam Reservation*" link on website). This request may be made in writing or via email and must be accompanied by payment of a non-refundable **\$100** exam fee. Upon successful passing of the exam, the candidate must submit a non-refundable payment of **\$200**, which includes 1) \$50 for designation recording/charter printing, and 2) \$150 fee for the first year's annual dues. Upon approval of the application, receipt of the appropriate fees, and successful passing of the exam, the individual will be granted use of the ChBP® designation and will be termed a **ChBP® Charterholder**.

CERTIFICATION:

I certify that all information submitted in this application, including the Professional Conduct Statement (PCS) below, is true and correct to the best of my knowledge. I have read all eligibility requirements for Admission to ChBP® Candidacy, and I agree to provide all necessary documentation to be considered a ChBP® Candidate.

NO	YES	PROFESSIONAL CONDUCT STATEMENTS
----	-----	---------------------------------

In the last two years, have you been the subject of any written complaint or accusation (internal or external) regarding your professional conduct or activities? If yes, please attach a letter of explanation. If yes, please attach a letter of explanation.

In the last two years, have you been the subject of, or a defendant or respondent in, any litigation, arbitration, or other action or proceeding in which your professional conduct or activities were questioned or at issue? If yes, please attach a letter of explanation.

In the last two years, have you been reprimanded, censured, restricted, suspended, barred, enjoined, or otherwise sanctioned by any regulator, professional organization, government agency, or court because of your professional conduct or activities? If yes, please attach a letter of explanation.

In the last two years, have you been accused of, been convicted of, or plead guilty to any crime related to your professional conduct or activities? If yes, please attach a letter of explanation.

In the last two years, have you been accused of, been convicted of, or pleaded guilty to a felony? If yes, please attach a letter of explanation.

SIGNATURE

DATE

The policies of Admission to ChBP® Candidacy assure equal opportunity for all qualified persons without regard to race, religion, sex, national origin, color, age, disability, marital status, or sexual orientation.

FOR OFFICE USE ONLY: DATE _____ CHECK # _____ FEE PAID _____