

COMPLETE AND RETURN FORM TO:

**Campbell Center**  
FOR  
HISTORIC PRESERVATION STUDIES  
Attn: CERTIFICATE PROGRAM COORDINATOR  
203 SEMINARY/P.O. BOX 66  
MT. CARROLL, IL 61053

PHONE: (815) 244-1173  
FAX: (815) 244-1619

## Collections Preventive Care Certificate Program Application

### PERSONAL INFORMATION

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Email Address \_\_\_\_\_

Institutional Affiliation \_\_\_\_\_

Collections Preventive Care Certificate Program applying for:

\_\_\_\_\_ Beginning Professional      \_\_\_\_\_ Mid-Career Professional      \_\_\_\_\_ Senior Professional

1. Please describe your work experience in collections care.

2. Please describe your education or training.

*You may attach additional sheets or a resume for questions 1 and 2.*

*\*Please complete the reverse side of this form.*

# CERTIFICATE PROGRAM

- 3. If you are applying for the Senior Professional (Level III) Certificate Program, please provide us with a letter from your director, immediate supervisor, or other authorizing official who can best describe your knowledge and skills in Collections Care management.

I have read the detailed Collections Preventive Care Certificate Program information that was either mailed to me at my request or obtained from the Center's web site. Enclosed is my yearly \$25 application fee. I understand that I have three years from the first year of enrollment in which to complete this program. I understand the continuance of the Campbell Center's courses is dependent on grant funding each year and that it cannot be guaranteed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I wish to pay by:

\_\_\_\_\_ Check or Money Order Enclosed

\_\_\_\_\_ Credit Card

Name on Card: \_\_\_\_\_

Visa/MasterCard# \_\_\_\_\_ Exp.Date \_\_\_\_/\_\_\_\_

Amount to Charge: \_\_\_\_\_

<p><i>For Office Use Only</i></p> <p>Authorization _____</p>
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