



IACVA Administrative Office
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Application Form for Extension of ICVS Examination

Name: _____ IACVA #: _____

Member Date: _____ Extension commencement date: _____

1. Main reason for extension

Personal Business Health Others

Remarks: _____

2. Duration of extension*

6 months (USD100) 1 year (USD200)

Signature: _____ Application Date: _____

(Note: Fee of extension exclude exam reschedule fee of USD100)

** Each active member can only apply for a maximum of 2 times for extension, with each time not more than 6 months duration; thereafter, member would need to pay full exam fee of USD595.*

Decision of Management (For Office Use)

Approved by _____ for a duration of _____
Extension end date: _____

Rejected by _____