

A4Q CERTIFIED SERVICE DESIGNER

CERTIFICATION APPLICATION

Please fill out this form in a digital format and return it by e-mail to exam@isqi.org

iSQI GmbH
Voltastraße 1, 14482
Potsdam
Germany

YOUR INFORMATION

Please note: The name you provide here will appear on your certificate (certificate will be provided in PDF format)

Title: Mr Mrs Miss Other _____

First Name(s):

Last Name:

E-Mail:

Country:

PRESENT JOB ROLE (OPTIONAL)

Company:

Job Title:

MANDATORY A4Q SERVICE DESIGNER MODULES

You must hold all of the following certificates to be eligible for the A4Q Service Designer Award.

A4Q Design Thinking

Date certified: DD/MM/YY

Exam Provider:

Certificate number:

A4Q Business Service Design

Date certified: DD/MM/YY

Exam Provider:

Certificate number:

A4Q CX Analysis

Date certified: DD/MM/YY

Exam Provider:

Certificate number:

ELECTIVE A4Q SERVICE DESIGNER MODULES

You must hold at least one of the following elective certificates to be eligible for the A4Q Service Designer Award.

Service Design Consultancy

Date certified: DD/MM/YY

Exam Provider:

Certificate number:

Business Acumen

Date certified:

DD/MM/YY

Exam Provider:

Certificate number:

Business Service Architecture

Date certified:

DD/MM/YY

Exam Provider:

Certificate number:

FEES AND PAYMENT

Please refer to the [iSQI shop](#) for the applicable fee for your Country.

All payments are due immediately upon receipt of invoice (if not paid via our shop).

Fees are non-refundable.

TERMS AND CONDITIONS AND PRIVACY POLICY

For our services, we refer to the current version of our general [Terms and Conditions](#) and to our [Privacy Policy](#) for re-certification and certification of exams, which you can find on our website: www.isqi.org. Please inform yourself before signing up.

By signing I confirm that my certificates are valid and hereby give permission for iSQI to conduct checks with the exam provider who originally issued my certificate(s).

Date

DD/MM/YY

Signature
