

CANDIDACY CONSIDERATION REQUEST FORM

Please fill out this form if you fall into one of the following categories:

1. If you do not meet the requirements for the AiE™ certification program but would still like to be considered for it.
2. If you applied for the AiE™ certification program and were rejected but would like to request a reconsideration. Please submit this request within five business days of receiving the rejection communication from ARTiBA.

The decision is communicated within 5-7 business days on the registered Email ID after receiving the application.

Contact Information

ARTiBA Candidate ID:

Full (Legal) Name:

Email ID:

Contact Number:

Highest Qualification:

Years of Work Experience:

Please share your areas of expertise, professional interests, and specializations. Additionally, please explain why you believe that the AiE™ Certification Program is crucial for you at this stage of your career.

Kindly provide insight into how you plan to bridge the gap between the educational qualifications and professional experience required for the AiE™ Certification Program.

DECLARATION AND CONFIRMATION

I acknowledge that the information I've provided in this application is true and correct. I hereby authorize the Artificial Intelligence Board of America to verify the information provided, if required. I understand that this will be treated as confidential information.

Signature:

Date:

Attach and submit the filled form along with any necessary documents [here](#).