



MAIL THIS FORM TO: ISA, PO Box 3561
Durham, NC 27702-3561, USA

Renewal Application

DIRECTIONS: Complete this Renewal Application in ink or typewritten by referring to your CCST® Personal Log which contains your specific Professional Development Points (PDPs) during your three year CCST certification period. Only 90 PDPs are needed if you apply prior to your expiration date with a minimum of 60 points from work experience. 120 PDPs are needed to reinstate your certification. You must complete all sections of this form and include payment. Incomplete applications will be returned unprocessed.

NOTE: If your certification has been expired for four months or longer, Active Status is only possible by reapplying as a first time applicant and meeting the work, education, and exam requirements for that certification level.

1. Applicant Information *(Please print or type.)*

Certification number _____ Level _____ Expiration date _____

Membership: ISA IBEW UA Member Number _____

Prefix: Mr. Mrs. Ms. Miss Other _____

Last Name _____ First Name _____ MI _____

Job title _____

Company name _____

Preferred mailing address: Home Office *All ISA related materials will be mailed to this address unless you notify ISA.*

Street address _____

_____ Mail stop _____

City _____ State/Province _____

Postal code _____ Country _____

Telephone (_____) _____ Fax (_____) _____

E-mail address _____

Current supervisor's name _____ Title _____

Address _____

City _____ State/Province _____ Postal code _____

Telephone (_____) _____ Fax (_____) _____ E-mail _____

2. Applying for:

- Renewal by Professional Development Points (continue to #4) **OR**
All points must be earned during the three year period of current certification ending with the above expiration date.
- Renewal by Exam (continue to #3)

3. Renewal by Exam

To register for Renewal by Exam, you will need to register to test six (6) months prior to the expiration date on your current CCST certificate to maintain your CCST status. To renew by examination, submit your renewal application and the renewal fee. Indicate below the date and examination site where you prefer to take the CCST test for renewal. You will test at the level you are currently certified.

Applying for: Level I Level II Level III

Electronic exams - Application must be received by ISA four weeks prior to the time period during which you want to test.

Private exam site - Application must be received by ISA six weeks prior to the exam date.

Date to test _____ City, State _____

(ISA cannot process your application without a date and location for private exam sites.)

4. Renewal by Professional Development Points

In the table below, indicate the points earned in the various Professional Development Points (PDPs) areas. (The total points required in the three year period for renewal is 90 if submitted before certificate expires. 120 points are needed to reinstate your certification. Reminder: If you renew by passing the examination prior to your expiration date, you will meet the required points for renewal.) Maintain verification for all PDPs earned during this period in the event that your Renewal Application is selected for audit. Retain a copy of this form for your records.

Area	Calculation of Points	Subtotals
1. Renewal by Exam	90 points	_____
OR		
1. WORK EXPERIENCE (a minimum of 60 points is required)		
Primary employment exceeds 1500 hours for the year	30 points x _____ years (<i>max. 3 years</i>)	_____
Primary employment is between 750 to 1500 hours for the year (less than 500 hours = 0 PDP)	Year 1: 24 points x _____ hours divided by 1500 Year 2: 24 points x _____ hours divided by 1500 Year 3: 24 points x _____ hours divided by 1500	_____ _____ _____
2. EDUCATIONAL TRAINING		
Vendor workshops, seminars, technical presentations, and in-house training sessions	1 point x _____ no. of contact hours	_____
Teaching vendor workshops, seminars, technical presentations, and in-house training sessions	2 points x _____ no. of contact hours	_____
Course offerings with Continuing Education Units (CEUs)	10 points x _____ no. of CEUs	_____
College credit courses	1 semester hour 15 points x _____ no. of hours 1 quarter hour 10 points x _____ no. of hours	_____ _____
3. PROFESSIONAL ACTIVITIES		
Author of a published referenced technical paper or instructional materials for a course	Sole-Author 20 points x _____ no. of papers or materials Co-author 15 points x _____ no. of papers or materials	_____ _____
Author of a published, non-referenced technical paper	Sole-Author 10 points x _____ no. of papers Co-author 5 points x _____ no. of papers	_____ _____
Delivery of a paper to an audience at a scheduled meeting	Published 10 points x _____ no. of deliveries Non-Published 5 points x _____ no. of deliveries	_____ _____
Instructor of a training course	1 semester hour 15 points x _____ no. of hours 1 quarter hour 10 points x _____ no. of hours	_____ _____
Instructor for a scheduled course in a post- secondary educational institution:	1 semester hour 15 points x _____ no. of hours 1 quarter hour 10 points x _____ no. of hours	_____ _____
Presenter in a career day or related event	1 point x _____ no. of career days or events	_____
Society membership annually	2 points x _____ no. of memberships	_____
Attended meeting	National 1 point x _____ no. of meetings Local or Regional 2 points x _____ no. of meetings	_____ _____
Served as an elected officer	National 2 points x _____ no. of elected positions Local or Regional 1 point x _____ no. of elected positions	_____ _____
Served as an appointed officer	National 1 point x _____ no. of appointed positions Local or Regional 0.5 points x _____ no. of appointed positions	_____ _____
Additional certification in related areas	2 points x _____ no. of certifications	_____
4. Total the subtotals of the PDP table and calculate the total number of points earned. A total of 90 points is necessary for renewal if submitted before certificate expires! 120 points are needed to reinstate your certificate.		Total: _____

5. Verification of Employment

A Verification of Employment form should be completed by your current and former supervisors for each period of employment that you submit. **This must include the job activities the candidate was involved in or the application cannot be processed. Provide original, signed forms as faxed, photocopied, or electronic signatures do not qualify.** Duplicate this form as necessary.

If you are self-employed, complete the Verification of Employment Form to document the professional work experience required for the exam for which you are applying. A notarized letter from at least three of your customers, including full contact information, must be provided as part of the verification of employment for self-employed applicants.

_____ was employed as a(n)
name of candidate

_____ *title of candidate while employed*

in _____ at _____
location name of company/organization

from _____, to _____
month year month year

The candidate was directly involved in the following activities during the above period of employment:

I, _____, attest to this
name of supervisor

as the _____
title of supervisor

on this the _____ day of _____, _____
date month year

_____ *signature* _____ *telephone*

6. Requirement

Does your company require certification? yes no If yes, is it: a branch or a corporate policy?

Why does your company require certification? _____

What benefits have you experienced? _____

7. Compliance with Certification Criteria and Qualifications

I certify that the information I have provided in this renewal application is complete and accurate to the best of my knowledge and belief. I authorize ISA to contact my current and any former employers and educational institutions to verify the provided information, and I waive any and all rights of confidentiality or privacy with regard to the release of all employment or educational information relevant to my application to ISA for recognition as an ISA Certified Control Systems Technician.

I hereby waive and release ISA, my current and former employers, and any educational institutions I have attended, and their respective officers, directors, and representatives, from any claims arising from the disclosure of such information to ISA for the purposes of ISA evaluation of this application. I understand that ISA will reject any application that contains false or fraudulent information, and that, in that event, I will not receive reimbursement of any fees paid, nor credit for any examinations taken. If the fraud is discovered after certification is awarded, certification can be revoked.

I understand and agree that any certification granted by ISA does not constitute licensure to practice or provide services,

whether for a fee or not, when required by federal, state, or local law. I further understand and agree that I must apply for any state required licenses for practice in the specialty field only through the applicable state agencies.

I understand that all material submitted related to this application becomes the property of ISA upon receipt and that none of the material will be returned to me. ISA will release no information contained in the application materials to any third party. I understand that the policy and procedures for appealing a decision of the Certification Board are available upon request.

I understand that any certification by ISA is limited to a three-year period and must be renewed in a timely manner in order to continue as a Certified Control Systems Technician.

I have read and understand the CCST Renewal Policies. I understand the renewal application fee is non-refundable. I understand that my renewal application may be selected for audit. If selected, I will promptly provide ISA the necessary documentation to verify the Professional Development points I claim on this application. If certified, I hereby request that ISA include me in any published listings of Certified Control Systems Technicians.

_____ *signature*

_____ *date*

8. Fee

The fee for CCST renewal is \$195.00 if you are renewing by showing PDPs.

If you are renewing by exam, the fees vary depending on the level you are applying for and the location you choose:

Levels I and III	\$275	All locations
Level II	\$325	U.S. and Canada
Level II	\$450	Non-U.S. and Canada

Your application will be returned unapproved if payment is not enclosed. **Fees are not refundable.** The renewal fee is subject to change. It is your responsibility to thoroughly review all requirements and apply for the level at which you are qualified. If you are not sure which level you qualify for, contact ISA at (919) 549-8411.

Check applicable box and enclose payment in U.S. dollars. **Purchase Orders are not accepted.**

- Check (payable to ISA) Credit Card (check one) American Express MasterCard Visa Discover Card
- Certified check Account # _____
- Money order Expiration date _____
- Signature _____

Payments to ISA for the Certified Control Systems Technician Program are not deductible as charitable contributions for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses. Please consult your tax advisor.

9. Submitting the Application *Two options are available to return application materials:*

1. If mailing through regular postal delivery:

ISA
CCST Program
P.O. Box 3561
Durham, NC 27702 USA

2. If mailing by overnight service:

ISA
CCST Program
67 Alexander Drive
Research Triangle Park, NC 27709 USA
(919) 549-8411

Materials sent to any other address will be returned. Fax and e-mail applications are not accepted.

By completing this form, you acknowledge that ISA needs the information requested here to provide you with the best possible service.

Occasionally, we make this information available to companies whose products or services may be of interest to you. Review ISA's complete Privacy Statement at www.isa.org/lawyer or request a copy by calling (919) 549-8411.

- Do not release my name and contact information to companies selling products and services.
- Do not call me about ISA activities.