



ISA
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ISA's CAP Associate Program
Site Agreement for the Examination

To establish a local test site for the CAP Associate Program, Sponsoring Faculty member must complete this form to confirm agreement to host an exam (date, time, and location). The sponsor should fax this agreement to ISA at (919) 549-8288 as soon as the exam date is selected. Completed applications (a minimum of 4 is required) and payment must be collected and mailed to ISA, postmarked six weeks prior to the selected exam date. Each candidate will receive a confirmation letter once his/her application is received and requirements verified.

I, _____, _____
(Name of Faculty Sponsor) (Title)

agree to host the CAP Associate exam:

Table with 3 columns: Exam Date, Application Deadline, Exam Time. Includes fields for date, time (a.m./p.m.), and number of testing sessions.

Address for this exam location:

Street _____
Specific Building _____ Room Number _____
City _____ State/Province _____ Postal Code _____
Country _____

I understand the following:

- 1. Four (4) applicants are needed to establish an exam date.
2. No site fees will be charged by the location to hold the exam on the above date.
3. The testing room will provide workspace for the examinee at a desk or table with a writing area of at least 2 feet by 4 feet.
4. I will assist ISA in accommodating applicants requiring special needs under the ADA, including additional time or alternate rooms, as may be required.
5. I will collect completed applications and payment from candidates, and mail to ISA.
6. I will host the Proctor who will arrive 30 minutes prior to exam start time for registration and instructions.

I have read and understand the above are my responsibilities as the Faculty Sponsor.

Signature _____ Date _____
Phone _____ Fax _____ E-mail _____

Return this form by fax to (919) 549-8288 or

Mail completed applications and payment to: ISA, CAP Associate Program, PO Box 3561, Durham, NC 27702 USA