



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

Examination Application

DIRECTIONS: Complete all sections of the application after reading through the CAP Handbook. Exam is given in English. **It is your responsibility to thoroughly review all requirements.** Original applications are required - photocopies or faxes do not qualify. Incomplete applications will be returned unprocessed. Send all application materials and fees to ISA at ISA, P.O. Box 3561, Durham, NC 27702-3561, USA.

A. APPLICANT INFORMATION (Please print or type.)

Prefix: Mr. Mrs. Ms. Miss Other _____

Last name _____ First name _____ Middle initial _____

Maiden/Former last name _____

ISA Member: Yes Member Number: _____ No

Job title _____

Company name _____

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

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 _____

If you have a disability or religious obligation that requires testing accommodations, please check the appropriate box. Attach documentation of your disability or religious obligation to this application and provide an explanation of the testing accommodation you require.

- ADA defined disability Religious obligation

B. JOB AND INDUSTRY CLASSIFICATION

Check your primary job function:

- Automation Engineering (AK)
- Control Systems Engineering (B)
- Engineering Consulting (AG)
- Engineering Management (3)
- Instrument Engineering (AN)
- Networking/Communication Systems (AP)
- Plant Engineering, Operations, and Maintenance (E)
- Plant Information Systems (G)
- Project Management (AS)
- Systems Design Engineering (S)
- Systems Integration (H)
- Other _____ (P)

Check the industry you are currently employed in:

- Chemicals (2800)
- Education (8200)
- Electronic & Other Electric Equipment (3600)
- Engineering Services (8710)
- Food (2000)
- Government (9100)
- Industrial Machinery & Equipment, including Computers (3500)
- Instrumentation, Measurement, Analysis & Control Apparatus (3800)
- Management Consulting (8740)
- Petroleum Refining & Related Industries (2900)
- Pharmaceuticals (2830)
- Systems Integration (7370)
- Textiles (2200)
- Transportation (3700)
- Utilities (4900)
- Utilities – Pipelines except Natural Gas (4600)
- Utilities – Water/Wastewater (4940)
- Valves, Fittings, Fabricated Metal Products (3400)

C. EXAM SELECTION INFORMATION

Specify the date, city, and state where you prefer to take the exam. Refer to the current examination schedule at www.isa.org/CAP for a list of exam locations. **It is your responsibility to thoroughly review all requirements.** ISA cannot process your application without a date and location.

- 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.)

D. EMPLOYMENT SUMMARY

Starting with your most recent job and working back, complete the information below to document your professional work experience. Make copies of this page if needed. **You must include all information for each position listed or your application cannot be approved.** Military experience must be entered on this page and documented with a copy of your DD214 as well as a written description of your duties.

Work Experience 1

Employer _____
Your position title _____
Employer Address _____
City _____ Sate/Province _____ Postal code _____ Country _____
Supervisor's name and title _____ E-mail _____
Supervisor's Telephone (_____) _____ Date started _____ Date ended _____
Description of job duties and responsibilities _____

Work Experience 2

Employer _____
Your position title _____
Employer Address _____
City _____ Sate/Province _____ Postal code _____ Country _____
Supervisor's name and title _____ E-mail _____
Supervisor's Telephone (_____) _____ Date started _____ Date ended _____
Description of job duties and responsibilities _____

Work Experience 3

Employer _____
Your position title _____
Employer Address _____
City _____ Sate/Province _____ Postal code _____ Country _____
Supervisor's name and title _____ E-mail _____
Supervisor's Telephone (_____) _____ Date started _____ Date ended _____
Description of job duties and responsibilities _____

E. EDUCATION/TRAINING

An official transcript of the academic work must be submitted with your application. Copies are not acceptable. Certificates do not serve as verification of a degree. You must include all information for each degree listed.

College (Associate)

Degree Earned/Major _____
College _____
Address _____ Telephone _____
City _____ State/Prov. _____ Postal code _____ Country _____
Date awarded _____ Beginning Date _____ Ending Date _____

College (Bachelor's)

Degree Earned/Major _____
College _____
Address _____ Telephone _____
City _____ State/Prov. _____ Postal code _____ Country _____
Date awarded _____ Beginning Date _____ Ending Date _____

College (Master's)

Degree Earned/Major _____
College _____
Address _____ Telephone _____
City _____ State/Prov. _____ Postal code _____ Country _____
Date awarded _____ Beginning Date _____ Ending Date _____

F. 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 approved. Provide original, signed forms as faxed, photocopied, or electronic signatures do not qualify.** Duplicate this form as necessary to document your work experience.

If you are self-employed, complete the Verification of Employment Form to document the professional work experience required for testing. 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 _____
name of company/organization *location*

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/co-worker

as the _____
title of supervisor/co-worker

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

_____ *signature of supervisor/co-worker* _____ *e-mail* _____ *telephone*

Supervisor can return this form to:

ISA
CAP Program
PO Box 12277
Research Triangle Park, NC 27709 USA

Contact ISA at (919) 549-8411 if you have questions regarding employment verification.

G. VERIFICATION OF EMPLOYMENT IN POSITION OF RESPONSIBLE CHARGE

A Verification of Employment in Position of Responsible Charge form should be completed by your current and/or former supervisor(s) if you are documenting ten (10) years of automation experience of which at least two (2) years must be in a position of responsible charge. Two (2) references from individuals who can attest that you have had at least two (2) years experience in a position of responsible charge should be submitted using this form. Duplicate this form as necessary to document your work experience. **Provide original, signed forms as faxed, photocopied, or electronic signatures do not qualify.**

Responsible charge relates to the span or degree of control an automation professional has to maintain while exercising independent control and direction of professional automation work, and to the level of decisions being made. Responsible charge does not refer to management control or administrative functions such as accounting, labor relations, or marketing.

The span of control necessary to be considered in a position of responsible charge includes:

- Personally makes critical automation project decisions, or reviews and approves proposed decisions prior to implementation, including consideration of alternatives
- Judges the quality of other technical specialists and the validity and applicability of their recommendations before such recommendations are incorporated in the work.

_____ was employed as a(n)
name of candidate

_____ *title of candidate while employed*

in _____ at _____
name of company/organization *location*

from _____ to _____
month year month year

The candidate was directly involved in a position of responsible charge including the following activities during the above period of employment:

I, _____, attest to this
name of supervisor/co-worker

as the _____
title of supervisor/co-worker

on this the _____ day of _____
date month year

_____ *signature of supervisor/co-worker* _____ *e-mail* _____ *telephone*

Supervisor can return this form to:

ISA
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H. COMPLIANCE WITH CERTIFICATION CRITERIA AND QUALIFICATIONS

I certify that the information I have provided in this 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 a Certified Automation Professional.

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.

The CAP program provides recognition and documentation of a professional's knowledge, experience and education in automation. Certification status does not guarantee a level of performance by a professional in a particular situation, and ISA does not guarantee the competency or performance of any certified individual.

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 materials 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 CAP.

I have read the CAP Handbook and understand the requirements for the certification for which I am applying. I agree to follow the ISA Code of Ethics. I understand that if my application does not meet the requirements, I will automatically be rescheduled to the next available test date. I understand the application fee is non-refundable. If certified, I hereby request that ISA include me in any published listings of CAPs.

signature of applicant

date

I. FEE

Complete the applicable sections and enclose payment in U.S. dollars. The fee for the CAP examination is \$250.00 for ISA Members and \$295.00 for non-members. Your application **will be returned unapproved** if payment is not enclosed. The application fee is subject to change. **Fees are not refundable.** It is your responsibility to thoroughly review all requirements.

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 _____

Authorized Credit Card Holder's Signature _____

Payments to ISA for the Certified Automation Professional 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.

J. SUBMITTING THE APPLICATION

Send all materials to one of the following addresses:

1. If regular postal delivery:

ISA
Certified Automation Professional Program
P.O. Box 3561
Durham, NC 27702 USA
Phone: (919) 549-8411

2. If Overnight Delivery:

ISA
Certified Automation Professional Program
67 Alexander Drive
Research Triangle Park, NC 27709 USA
Phone: (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.