## APPENDIX A: CAP AUDIT DOCUMENTATION

This appendix should be completed **only** if you are notified by ISA that your CAP application is being audited. Please review the audit requirements so you are aware of what documentation you will need to submit in the event that your application is audited.

All CAP applications are subject to audit. A random selection of CAP applications will be chosen for audit. If your application is audited, you will be required to verify your employment history, education, and position of responsible charge as it relates to your application eligibility. Applicants who are audited must complete this form and return to ISA within sixty (60) days of audit notification. Failure to do so will result in revocation of your application and certification.

### A. VERIFICATION OF EMPLOYMENT

A Verification of Employment Form should be completed by your current and former supervisors for each period of employment that you submitted on your CAP application. Duplicate this form as necessary to document your work experience. **This must include the job activities the candidate was involved in. Provide original, signed forms as faxed, photocopied, or electronic signatures do not qualify.** If your verification is completed by a previous co-worker, the signature must be notarized below.

If you are self-employed, complete the Verification of Employment to document your professional work experience with customers. Provide full contact information for at least three of your customers, spanning the eligibility period, who can verify your work in automation.

_____ 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*

**Return this form to:**

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

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

**B. VERIFICATION OF EMPLOYMENT IN POSITION OF RESPONSIBLE CHARGE**
***(This form is completed only if your eligibility for CAP was based on ten (10) years work experience in automation without a four year technical degree).***

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

**OR**

• 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*

**Return this form to:**

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

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

**C. EDUCATION**

If your eligibility for CAP was based on attaining a four year technical degree, submit an official transcript of the academic work submitted on your certification application. Copies are not acceptable.

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 will be revoked.

I understand that I must complete all audit forms and return them to ISA within sixty (60) days of audit notification. Failure to do so will result in revocation of your application and certification.

_____ _____

*signature of applicant* *date*

**Return Audit Information to :**

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