



# CAP 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.** Incomplete applications will be returned unprocessed. ISA reserves the right to audit information provided in this application at anytime before or after you take the CAP examination.

If a current CAP referred you to the CAP program, please provide his/her certification number here: \_\_\_\_\_

In addition, you may also provide the individual's name and employer: \_\_\_\_\_

## 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

Refer to [www.isa.org/examschedule](http://www.isa.org/examschedule) to review information about electronic testing procedures, exam sites, testing windows, and exam scheduling. **It is your responsibility to thoroughly review all requirements.**

**Indicate if you will be testing electronically or at a private, company sponsored exam site or at a special ISA event.**

Electronic exams—Testing must be completed within the next two exam testing windows.

Private exam site or Special Event Paper/Pencil exam—Application must be postmarked to 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 or special event 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 as needed. **You must include all information for each position listed or your application cannot be approved.** Military experience must be entered on this page. ISA may contact your current and former employers to verify the provided information. Review the work experience requirements for CAP at [www.isa.org/CAPrequirements](http://www.isa.org/CAPrequirements).

***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**

Please include all information for each degree listed.

Note: If your application is audited, you will be requested to supply an official transcript to verify the academic work.

**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 \_\_\_\_\_

**F. VERIFICATION OF EMPLOYMENT IN POSITION OF RESPONSIBLE CHARGE**

Complete this section 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. It is not necessary to document responsible charge if you completed Section E and are qualifying for CAP with a four year technical degree.

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

Complete the information below to document at least two years of work experience in a position of responsible charge. It is not necessary to repeat your entire work history, only the two years work experience meeting the "position of responsible charge" requirement. ISA may contact your current and former employers to verify the provided information. Review the work experience requirements for CAP at [www.isa.org/CAPrequirements](http://www.isa.org/CAPrequirements).

**Position of Responsible Charge Work Experience 1**

Employer \_\_\_\_\_

Your position title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_ Email \_\_\_\_\_

Supervisor's telephone (\_\_\_\_) \_\_\_\_\_ Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Description of job duties and responsibilities that qualify as being in a position of responsible charge \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Position of Responsible Charge Work Experience 2**

Employer \_\_\_\_\_

Your position title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_ Email \_\_\_\_\_

Supervisor's telephone (\_\_\_\_) \_\_\_\_\_ Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Description of job duties and responsibilities that qualify as being in a position of responsible charge \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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 +1 919-549-8411 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:**

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

**Contact ISA at +1 919-549-8411 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