



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

# Renewal Application

**DIRECTIONS:** Complete this Renewal Application by referring to your CAP Personal Log which contains your specific Professional Development (PD) activities during your three year certification period. You must complete all sections of this form and include payment. Incomplete applications will be returned unprocessed.

Selected Renewal Application Forms will be chosen for audit purposes. Applicants selected will be required to submit documentation verifying all activities listed on their applications. If your application is selected, you will be notified by mail.

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

Certification number \_\_\_\_\_ Expiration date \_\_\_\_\_

Membership:  ISA  IEEE  CSIA Member Number \_\_\_\_\_

Prefix:  Mr.  Mrs.  Ms.  Miss  Other \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Job title \_\_\_\_\_

Company name \_\_\_\_\_

Preferred mailing address:  Home  Office *All ISA-related materials will be sent 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)  
*All points must be earned during the three year period of current certification ending with the above expiration date.*

**OR**

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 CAP certificate to maintain your CAP status. To renew by examination, submit your renewal application and the renewal fee of \$250 for an ISA Member or \$295 for a non-member. For information, contact ISA at (919) 549-8411 or [www.isa.org/CAP](http://www.isa.org/CAP).

Indicate below the date and examination site where you prefer to take the CAP test for renewal.

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 PDPs required in the three year period for renewal is 135. (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	
<b>Renewal by Exam</b>	135 points	_____	max. 135
<b>OR</b>			
<b>1. WORK EXPERIENCE (a minimum of 60 points is required)</b>			min. 60
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)	<b>Year 1:</b> 24 points x _____ hours divided by 1500 <b>Year 2:</b> 24 points x _____ hours divided by 1500 <b>Year 3:</b> 24 points x _____ hours divided by 1500	_____ _____ _____	
<b>2. EDUCATIONAL TRAINING</b>			max. 90
Vendor workshops, seminars, technical presentations, and in-house training sessions	1 point x _____ no. of contact hours	_____	
College offerings with Continuing Education Units (CEUs)	10 points x _____ no. of CEUs	_____	
College credit courses	<b>1 semester hour</b> 15 points x _____ no. of hours <b>1 quarter hour</b> 10 points x _____ no. of hours	_____ _____	
<b>3. PROFESSIONAL ACTIVITIES</b>			max. 120
Author of a published referenced technical paper or instructional materials for a course	<b>Sole-Author</b> 20 points x _____ no. of papers or materials <b>Co-author</b> 15 points x _____ no. of papers or materials	_____ _____	
Author of a published, non-referenced technical paper	<b>Sole-Author</b> 10 points x _____ no. of papers <b>Co-author</b> 5 points x _____ no. of papers	_____ _____	
Delivery of a paper to an audience at a scheduled meeting	<b>Published</b> 10 points x _____ no. of deliveries <b>Non-Published</b> 5 points x _____ no. of deliveries	_____ _____	
Instructor of a training course	<b>1 semester hour</b> 15 points x _____ no. of hours <b>1 quarter hour</b> 10 points x _____ no. of hours	_____ _____	
Instructor for a scheduled course in a post- secondary educational institution	<b>1 semester hour</b> 15 points x _____ no. of hours <b>1 quarter hour</b> 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 years	_____	
Attended meeting	<b>National</b> 2 point x _____ no. of meetings <b>Local or Regional</b> 1 points x _____ no. of meetings	_____ _____	
Served as an elected officer	<b>National</b> 2 points x _____ no. of elected positions <b>Local or Regional</b> 1 point x _____ no. of elected positions	_____ _____	
Served as an appointed position officer	<b>National</b> 1 point x _____ no. of appointed positions <b>Local or Regional</b> 0.5 points x _____ no. of appointed positions	_____ _____	
Additional certification/license in related areas	2 points x _____ no. of certifications/license	_____	
<b>4. Total the subtotals of the PDP table and calculate the total number of points earned.</b>		<b>Total:</b>	_____
<b>A total of 135 points is necessary for renewal.</b>			

**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 approved. 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*

**If verification of employment forms are being sent separately from the application, the supervisor can return the form to the following address.**

ISA  
Certified Automation Professional Program  
PO Box 12277  
Research Triangle Park, NC 27709 USA

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

**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? \_\_\_\_\_

