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ISA's CAP Associate Recognition Program Examination Application

1. APPLICANT INFORMATION (Please print or type.)

Prefix: [] Mr. [] Mrs. [] Ms. [] Miss [] Other _____
Name _____
Street address _____
_____ Mail stop _____
City _____ State/Province _____
Postal code _____ Country _____
Telephone (____) _____ Fax (____) _____
E-mail address _____

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.

All ISA related materials will be mailed to this address unless you notify ISA.

Students

Are you an ISA Student Section Member? [] Yes [] No

Name of Educational Institution _____

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.

- [] Religious obligation [] ADA defined disability

2. FEE Note: All fees and applications should be collected and submitted to ISA by the sponsoring professor.

- [] ISA Member—\$85 Member # _____
[] Non-member—\$95 [] Please apply \$10 of my non-member fee to join ISA as a Student Member.

Your application will be returned unapproved if payment is not enclosed. Purchase Orders will not be accepted. Fees are not refundable and are subject to change. It is your responsibility to thoroughly review all requirements and provide proper verification of educational experience.

Check applicable box and enclose payment in U.S. dollars.

- [] Check (payable to ISA) [] Certified check [] Money order
[] Credit Card (check one) [] American Express [] MasterCard [] Visa [] Discover Card [] Diners

Account # _____ Expiration date _____

Signature _____

Payments to ISA for the CAP Associate Recognition 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.

3. EXAM SITE CONTACT *(Sponsoring Professor Information)*

Name _____
Telephone (_____) _____ Fax (_____) _____ E-mail address _____
Street address _____
City _____ State/Province _____ Postal code _____ Country _____

4. EDUCATION

To meet the educational qualifications, an **official transcript** of your academic work must be submitted with your application to verify educational course hours. Attach the official transcript to this application.

Degree Program _____
Institution name _____ City, State _____
Degree Completed? Yes No Type Degree (*B.S., B.A., etc.*) _____
If Yes: Beginning Date _____ Ending Date _____ Date Awarded _____
If No: Beginning Date _____ No. of Hours Completed _____ Expected Graduation _____
Semester _____ Date _____

5. SPONSORING PROFESSOR

CAP Associate candidates must be sponsored by a professor within their degree program and university from which the degree will be awarded. Please have the professor complete this section, with an original signature.

Sponsoring Professor Name (Print) _____ Relationship to Applicant _____
_____ is a student at _____
Applicant Name University/College
_____ is expected to earn a (*B.S., B.A., _____*) degree in _____
Applicant Name Select One Degree Program
from _____ on _____
University/College Month Year
Signature _____
Address _____
Phone _____ Email _____

6. COMPLIANCE WITH 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 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 the examination is taken, the recognition can be revoked.

I understand that all material submitted related to this application becomes the property of ISA upon receipt and that none of the material will be returned to me. I understand the CAP Associate Recognition Program is not a certification and does not guarantee a level of job performance. I have read and understand qualifications for the CAP Associate Recognition for which I am applying. I hereby request that ISA include me in any published listings of CAP Associates.

Applicant Signature _____ Date _____

7. DATE AND LOCATION FOR TESTING *(To be completed by the Sponsoring Professor)*

The CAP Associate examination will be administered at educational institutions. Contact your sponsoring professor to determine the interest at your university and arrange a test location and date. At least four (4) applicants are required for the same date for the exam to be administered.

The sponsoring professor should contact ISA to request additional application, and establish an exam date. Applications must be postmarked to ISA six (6) weeks prior to the selected test date.

Exam Date _____ City/State _____
Sponsoring Professor Signature _____