

**APPENDIX A:  
CCST APPLICATION AUDIT DOCUMENTATION**

This appendix should be completed **only** if you are notified by ISA that your CCST 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 CCST applications are subject to audit. A random selection of CCST applications will be chosen for audit. If your application is audited, you will be required to verify your employment history, education, and training 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 CCST application. **This must include the job activities the candidate was involved in. 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 your professional work experience with customers and provide full contact information for at least three of your customers, spanning the eligibility period, who can verify your work in instrumentation, control, and/or automation.

- Check this box if you already submitted an exam application to ISA for a previous level and your original audit documentation is on file at ISA. **Additional verification must be provided to meet the requirement for this level if your application is audited.**

\_\_\_\_\_ 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**  
CCST 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. EDUCATION**

If you used a two or four year technical degree to qualify for CCST, submit an official transcript of the academic work included on your certification application. Copies are not acceptable.

School \_\_\_\_\_ Degree Awarded \_\_\_\_\_

Transcript enclosed

Transcript coming from school

**C. APPRENTICESHIP TRAINING**

Provide documentation of your DOL approved apprenticeship/training if you counted this to qualify. Certificates do not serve as verification of an apprenticeship or training. Apprenticeships and training experience must be verified by signed documentation on the Verification of Employment form or on the apprenticeship program letterhead. This must be accompanied by a work history from the program that details the on-the-job training.

**D. COMPLIANCE**

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 Control Systems Technician.

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