



# CCST Examination Application

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

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

**DIRECTIONS:** Complete all sections of the application in ink after reading through the CCST Program Handbook. Exam is given in English. Original Applications are required—photocopies or faxes do not qualify. Incomplete applications will be returned unprocessed. **It is your responsibility to thoroughly review all requirements and apply for the level at which you are qualified. ISA reserves the right to audit information provided in this application before or after you take any level CCST exam.**

## 1. APPLICANT INFORMATION (Please print or type.)

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

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_  
(you must provide your name as it appears on your photo identification)

Membership  ISA  IBEW  UA Member number \_\_\_\_\_

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

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

Preferred mailing address:  Home  Office *All ISA related materials will be mailed to this address unless you notify ISA.*

Street address \_\_\_\_\_

Mail stop \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Current supervisor's name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

*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. JOB AND INDUSTRY CLASSIFICATION

### Check your primary job function:

- Control Systems Engineering (B)
- Measurement, Testing, Quality, or Standards Engineering (I)
- Networking/Communication Systems (AP)
- Plant Engineering, Operations, and Maintenance (E)
- Production Engineering (D)
- Systems Design Engineering (S)
- Technical or Engineering Support (K)
- Other \_\_\_\_\_ (P)

### Check the industry you are currently employed in:

- Chemicals (2800)
- Construction (1700)
- Education (8200)
- Electronic & Other Electric Equipment (3600)
- Food (2000)
- Government (9100)
- Industrial Machinery & Equipment, including Computers (3500)
- Instrumentation, Measurement, Analysis, & Control Apparatus (3800)
- 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)

## 3. EXAM SELECTION INFORMATION

### Level

Refer to [www.isa.org/examschedule](http://www.isa.org/examschedule) to review information about electronic testing procedures, testing windows, and private/special event exam scheduling. It is your responsibility to thoroughly review all requirements and apply for the level at which you are qualified. Check only one level.

Applying for:  Level I  Level II  Level III

### Format

- Electronic exams—Testing must be completed within the next two testing windows.
- Private exam site or special event paper/pencil exam—Application must be postmarked 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.)

**4. EMPLOYMENT SUMMARY**

Starting with your current 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 processed.** Military experience must be written here and documented with a copy of your DD214 as well as a written description of your duties. ISA may contact current and former employers to verify the provided information.

Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

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

Dates of experience/employment from \_\_\_\_\_ to \_\_\_\_\_

Description of job duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

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

Dates of experience/employment from \_\_\_\_\_ to \_\_\_\_\_

Description of job duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

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

Dates of experience/employment from \_\_\_\_\_ to \_\_\_\_\_

Description of job duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 5. EDUCATION/TRAINING

Please include all information for each degree listed if you wish to use education or apprenticeship/training to qualify for CCST. Note: If your application is audited, you must provide an official transcript to verify the academic work.

### **Registered Apprenticeship/Training**

Degree name \_\_\_\_\_

Institution name \_\_\_\_\_

City, State \_\_\_\_\_

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

Date awarded \_\_\_\_\_

**Diploma/CST Associate Recognition:** Date awarded \_\_\_\_\_

### **College (Associate's)**

Degree name \_\_\_\_\_

Institution name \_\_\_\_\_

City, State \_\_\_\_\_

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

Date awarded \_\_\_\_\_

### **College (Bachelor's)**

Degree name \_\_\_\_\_

Institution name \_\_\_\_\_

City, State \_\_\_\_\_

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

Date awarded \_\_\_\_\_

## 6. COMPLIANCE WITH CERTIFICATION 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 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 understand that if my application is audited, I will be responsible for providing ISA verification of employment and education within sixty (60) days of audit notification using the documents in Appendix A of this application.**

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.

The CCST program provides recognition and documentation of a professional's knowledge, experience, and education in automation. Certification status does not guarantee a level of performance

by a professional in a particular situation, and ISA does not guarantee the competency or performance of any certified individual.

I understand and agree that any certification granted by ISA does not constitute licensure to practice or provide services, whether for a fee or not, when required by federal, state, or local law. I further understand and agree that I must apply for any state required licenses for practice in the specialty field only through the applicable state agencies.

I understand that all material submitted related to this application becomes the property of ISA upon receipt and that none of the materials will be returned to me. ISA will release no information contained in the application materials to any third party. I understand that the policy and procedures for appealing a decision of the Certification Board are available upon request.

I understand that any certification by ISA is limited to a three-year period and must be renewed in a timely manner in order to continue as a CCST.

I have read the CCST Handbook and understand the requirements for the certification for which I am applying. I agree to follow the ISA Code of Ethics. **I agree that I will not discuss exam questions with any other person.**

I understand that if my application does not meet the requirements, I will not be able to test until deficiencies are resolved. If certified, I hereby request that ISA include me in any published listings of CCSTs.

\_\_\_\_\_  
*signature of applicant*

\_\_\_\_\_  
*date*

**7. FEE** Fees for the CCST exam vary depending on the level and location you choose. See below.

Levels I and III	\$295 (ISA Member)	Electronic and Private/special event paper/pencil exams, all locations
Levels I and III	\$325 (List)	Electronic and Private/special event paper/pencil exams, all locations
Level II	\$295 (All)	Private/special event paper/pencil exams in the U.S.
Level II	\$350 (All)	Electronic, U.S. and Canada
Level II	\$495 (All)	Electronic, Non-U.S. and Canada

Your application **cannot be processed** if payment is not enclosed. The application fee is subject to change. **If after review of your application you do not meet the eligibility requirements, a \$50 processing fee will be charged and the remainder of the application fee will be refunded.** It is your responsibility to thoroughly review all requirements and apply for the level at which you are qualified. If you are not sure which level you qualify for, contact ISA at (919) 549-8411.

Check applicable box and enclose payment in U.S. dollars. **Purchase Orders are not accepted.**

Check (payable to ISA)    Credit Card (check one)    American Express    MasterCard    Visa    Discover Card

Certified check                      Account # \_\_\_\_\_

Money order                              Expiration date \_\_\_\_\_

Wire Transfer                            Authorized Credit Card Holder's Signature \_\_\_\_\_

Check here if you have registered for the ISA CCST exam review course (TS00) and plan to take the CCST exam. The exam fee will only be waived if you qualify and your training registration is verified.

*Payments to ISA for the Certified Control Systems Technician 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.*

**8. SUBMITTING THE APPLICATION** Two options are available to return application materials:

1. **With check or money order payment (through regular postal delivery):**    2. **With credit card payment (and for overnight delivery):**

ISA  
Certified Control Systems Technician Program  
P.O. Box 3561  
Durham, NC 27702 USA

ISA  
Certified Control Systems Technician Program  
67 Alexander Drive  
Research Triangle Park, NC 27709 USA  
+1 919-549-8411

**Materials sent to any other address will be returned. Fax and email applications will not be accepted.**

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](http://www.isa.org/lawyer) or request a copy by calling +1 919-549-8411.

Do not release my name and contact information to companies selling products and services.

Do not call me about ISA activities.

**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*      \_\_\_\_\_ *email*      \_\_\_\_\_ *telephone*

**Supervisor can return this form to:**

**ISA**  
CCST 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. 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