



International Society of Automation
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Examination Application

ISA's Control Systems Technician (CST) Associate Recognition Program

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 _____

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

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.

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

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

Account # _____ Expiration date _____

Signature _____

Payments to ISA for the Control Systems Technician (CST) 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 *To be completed by the Applicant.*

Student Section Advisor Local Professor Company Contact

Name _____

Telephone (_____) _____ Fax (_____) _____ E-mail address _____

Street address _____

City _____ State/Province _____ Postal code _____ Country _____

I agree that my CST Associate examination results can be shared with my instructor. Yes No, do not share my results.

4. EDUCATION

To meet the educational degree 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. For high school education only applicants, please provide school name and date diploma was received.

Degree or Certificate program _____

Institution name _____ City, State _____

Degree completed? Yes No

If Yes: Beginning date _____ Ending date _____ Date awarded _____

No. of hours completed _____
If No: Beginning date _____ Semester _____ Quarter _____ Expected end date _____

High school name _____ Diploma received Yes No Date received _____

5. WORK EXPERIENCE

To meet the work experience qualifications, **verification with original signatures** of at least two years of experience must be provided below. Duplicate this page as necessary.

_____ was employed as a(n) _____
name of applicant *job title*

in _____ at _____
location *company/organization*

from _____, to _____
month *year* *month* *year*

The candidate's job responsibilities included:

I, _____, attest to this as
name of supervisor

_____ on _____
supervisor title *date* *signature of supervisor*

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 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 will be revoked.

Signature

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 Control Systems Technician (CST) Associate Recognition Program is not a certification and does not guarantee a level of performance by a technician in a particular situation. I have read and understand the qualifications for CST Associate Recognition for which I am applying.

Date

7. DATE AND LOCATION FOR TESTING *To be completed by the Site Contact.*

The CST Associate Recognition examination will be administered at educational institutions or companies. At least four (4) applicants are required to apply for the same date for the exam to be administered. The Student Section Advisor, professor, or company contact

must provide a completed site agreement to ISA six (6) weeks in advance to establish an exam date. Applications must be submitted with payment and transcripts six (6) weeks prior to the exam date.

Exam Date _____ City, State _____

Coordinating Site Contact Signature _____