SITE AGREEMENT
FOR ISA CERTIFICATION EXAMS

I, ______________________________________________, ____________________________________________________

(Name of Site Contact) (Job Title)

on behalf of _________________________________________________________________________________________,

(Name of Organization)

agree to host the:

☐ Certified Control Systems Technician (CCST) Level 1 ____ Level 2 ____ Level 3 ____

☐ Certified Automation Professional (CAP)

On the following day: ______________________________

Examination Date(s)* Estimated # Testing

________________ ______________________

*If there are multiple exam dates candidates must be assigned to a date at the time of application.

You must also submit this signed agreement to ISA AT LEAST SIX (6) WEEKS PRIOR to the selected exam date. This allows ISA time to locate and contract with a proctor(s).

Address for this Location:
This information provided to applicants in their confirmation letter. Include any specific room information.
Street ________________________________________________________________________________________________

Specific Building ____________________________________________ Room Number ______________________________

City ____________________________________________ State ________ Zip _________ Country ____________ _______

____________________________________________________________________________________ agrees to:

(Name of Organization)

PRIVATE SITE TERMS:

Site must agree to these terms by checking each box.

☐ There are no site fees to establish ISA Certification testing locally within the US, if four (4) or more candidates apply to test on the same exam date. ISA will locate a proctor to administer the exam at no additional charge.

☐ Provide one (1) room to facilitate approximately 13 to take the ISA84 Exam 1 (more than 13 then a second proctor will be needed). If it is more than 13 you can split the time or have it on another day, example (26) 13 for 1st 2 hours and then 13 for 2nd 2 hours, only one proctor will be needed. The room must provide workspace at a desk or table with all examinees facing the same direction. A writing area of at least 2 feet by 3 feet to accommodate examination booklets and answer sheets is required. The candidates may sit two per six (6) foot table or two per eight (8) foot table (if larger tables are available).
If the date changes within 21 days of the exam ISA cannot guarantee a proctor, and a $125 reschedule fee per candidate will apply.

Charge no room rental fees to ISA for the use of these rooms.

Meet regulations established by the American’s with Disabilities Act (ADA).

Assist ISA in accommodating applicants requiring special needs under the ADA, including additional or alternate rooms as may be required.

I understand the examination will be administered from 9:00 a.m. to 11:00 a.m. (or the time that you desire); therefore, the facility will need to be opened for the Proctor to enter at 8:00 a.m. and closed at 11:30 a.m. (time will be adjusted to accommodate the above time that you choose).

(Complete the following information if Facility Contact is different from Site Contact.)

Name of Facility _________________________________  Contact _________________________________

Title of Facility _________________________________  Contact _________________________________

Phone _________________________________________  Fax _________________________________________

I have enclosed a map and written directions to this test site (required). A map and directions may also be found online at _________________________________.

(I Internet Address)

I agree to be the site contact for this facility. I realize my phone number will be given to the Proctor in case of information needs for the site.

Name ____________________________________________  Title of Contact ______________________________

Address___________________________________________________________________________________________

___________________________________________________________________________________________

Phone _______________________  Fax ____________________  Email _________________________________________

________________________________________________________ agrees to all marked statements.

(Name of Organization)

________________________________________________________   ____________________________

(Signature) (Date)

Return form with written directions, by fax or email to:

ISA Certification Administrator
67 T.W. Alexander Drive
RTP, NC 27709-2277
USA
Phone: (919) 990-9459 Fax: (919) 549-8288
Email: twilliams@isa.org