



CAP Examination Application

DIRECTIONS: Complete all sections of the application after reading through the CAP Handbook. Exam is given in English. It is your responsibility to thoroughly review all requirements. Incomplete applications will be returned unprocessed. ISA reserves the right to audit information provided in this application at anytime before or after you take the CAP examination.

A. Applicant Information *(Please print or type.)*

Prefix: Mr. Mrs. Ms. Miss Other _____

Last Name _____ First Name _____ Middle Initial _____

Maiden/Former last name _____

ISA Member: Yes Member Number: _____ No

Job Title _____

Company Name _____

Preferred Mailing Address: Home Office All ISA-related materials will be mailed to this address.

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 Address _____

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.

- ADA defined disability
- Religious obligation

B. Job and Industry Classification

Check your primary job function:

- Automation Engineering (AK)
- Control Systems Engineering (B)
- Engineering Consulting (AG)
- Engineering Management (3)
- Instrument Engineering (AN)
- Networking/Communication Systems (AP)
- Plant Engineering, Operations, and Maintenance (E)
- Plant Information Systems (G)
- Project Management (AS)
- Systems Design Engineering (S)
- Systems Integration (H)
- Other _____ (P)

Check the industry you are currently employed in:

- Chemicals (2800)
- Education (8200)
- Electronic & Other Electric Equipment (3600)
- Engineering Services (8710)
- Food (2000)
- Government (9100)
- Industrial Machinery & Equipment, including Computers (3500)
- Instrumentation, Measurement, Analysis & Control Apparatus (3800)
- Management Consulting (8740)
- 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)

C. Exam Selection Information

Refer to www.isa.org/examschedule to review information about electronic testing procedures, exam sites, testing windows, and exam scheduling.

It is your responsibility to thoroughly review all requirements.

Indicate if you will be testing electronically or at a private, company sponsored exam site or at a special ISA event.

- Electronic exam—Testing must be completed within the next two exam testing windows.
- Private exam site or Special Event Paper/Pencil exam—Application must be postmarked to ISA six weeks prior to the exam date.

Date to Test _____ City _____

(ISA cannot process your application without a date and location for private or special event exam sites.)

D. Employment Summary

Starting with your most recent 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 approved.** Military experience must be entered on this page. ISA may contact your current and former employers to verify the provided information. Review the work experience requirements for CAP at www.isa.org/CAPrequirements.

Work Experience 1

Employer _____

Your position title _____

Employer Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Supervisor's name and title _____ E-mail _____

Supervisor's telephone (_____) _____ Date started _____ Date ended _____

Description of job duties and responsibilities _____

Work Experience 2

Employer _____

Your position title _____

Employer Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Supervisor's name and title _____ E-mail _____

Supervisor's telephone (_____) _____ Date started _____ Date ended _____

Description of job duties and responsibilities _____

Work Experience 3

Employer _____

Your position title _____

Employer Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Supervisor's name and title _____ E-mail _____

Supervisor's telephone (_____) _____ Date started _____ Date ended _____

Description of job duties and responsibilities _____

E. Education/Training

Please include all information for each degree listed.

Note: If your application is audited, you will be requested to supply an official transcript to verify the academic work.

College (Associate)

Degree earned/Major _____

College _____

Address _____ Telephone (_____) _____

City _____ State/Province _____ Postal Code _____ Country _____

Date awarded _____ Beginning date _____ Ending date _____

College (Bachelor's)

Degree earned/Major _____

College _____

Address _____ Telephone (_____) _____

City _____ State/Province _____ Postal Code _____ Country _____

Date awarded _____ Beginning date _____ Ending date _____

F. Verification of Employment in Position of Responsible Charge

Complete this section if you are documenting ten (10) years of automation experience of which at least two (2) years must be in a position of responsible charge. It is not necessary to document responsible charge if you completed Section E and are qualifying for CAP with a four year technical degree.

Responsible charge relates to the span or degree of control an automation professional has to maintain while exercising independent control and direction of professional automation work, and to the level of decisions being made. Responsible charge does not refer to management control or administrative functions such as accounting, labor relations, or marketing.

The span of control necessary to be considered in a position of responsible charge includes:

- Personally makes critical automation project decisions, or reviews and approves proposed decisions prior to implementation, including consideration of alternatives

OR

- Judges the quality of other technical specialists and the validity and applicability of their recommendations before such recommendations are incorporated in the work

Complete the information below to document at least two years of work experience in a position of responsible charge. It is not necessary to repeat your entire work history, only the two years work experience meeting the "position of responsible charge" requirement. ISA may contact your current and former employers to verify the provided information. Review the work experience requirements for CAP at www.isa.org/CAPrequirements.

Position of Responsible Charge Work Experience 1

Employer _____

Your position title _____

Employer Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Supervisor's name and title _____ E-mail _____

Supervisor's telephone (_____) _____ Date started _____ Date ended _____

Description of job duties and responsibilities _____

Position of Responsible Charge Work Experience 2

Employer _____

Your position title _____

Employer Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Supervisor's name and title _____ E-mail _____

Supervisor's telephone (_____) _____ Date started _____ Date ended _____

Description of job duties and responsibilities _____

G. 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 Automation Professional.

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 can be revoked.

The CAP 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 CAP.

I have read the CAP 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 CAPs.

signature of applicant

date

H. Fee

Complete the applicable sections and enclose payment in U.S. dollars. The fee for the CAP examination is US\$347 for ISA Members and US\$467 for Affiliate Members/Community Members/List. Your application **will be returned unapproved** 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.**

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

- Check (payable to ISA) Credit Card (check one): American Express MasterCard Visa Discover Card
- Certified check* Account # _____ Expiration Date: _____
- Money order* Authorized Credit Card Holder's Signature _____

Payments to ISA for the Certified Automation Professional 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.

<i>If a current CAP referred you to the CAP program, please provide his/her certification number here:</i> _____	<i>In addition, you may also provide the individual's name and employer:</i> _____
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I. Submitting the Application *Send all materials to one of the following addresses:*

1. With check or money order payment
(through regular postal delivery)

ISA
Certified Automation Professional Program
P.O. Box 12277
Research Triangle Park, NC 27702-2277 USA
Phone: +1 919-549-8411

2. With credit card payment
(and for Overnight Delivery)

ISA
Certified Automation Professional
Program 67 T.W. Alexander Drive
Research Triangle Park, NC 27709 USA
Phone: +1 919-549-8411

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