



MAIL THIS FORM TO: ISA, PO Box 3561
Durham, NC 27702-3561, USA

Examination Application

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. Send all application materials and fees to ISA, PO Box 3561, Durham, NC 27702-3561, USA. **It is your responsibility to thoroughly review all requirements and apply for the level at which you are qualified.**

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 (_____) _____

E-mail address _____

Current supervisor's name _____ Title _____

Address _____

City _____ State/Province _____ Postal code _____

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

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:

- | | |
|--|---|
| <input type="checkbox"/> Chemicals (2800) | <input type="checkbox"/> Petroleum Refining & Related Industries (2900) |
| <input type="checkbox"/> Construction (1700) | <input type="checkbox"/> Pharmaceuticals (2830) |
| <input type="checkbox"/> Education (8200) | <input type="checkbox"/> Systems Integration (7370) |
| <input type="checkbox"/> Electronic & Other Electric Equipment (3600) | <input type="checkbox"/> Textiles (2200) |
| <input type="checkbox"/> Food (2000) | <input type="checkbox"/> Transportation (3700) |
| <input type="checkbox"/> Government (9100) | <input type="checkbox"/> Utilities (4900) |
| <input type="checkbox"/> Industrial Machinery & Equipment, including Computers (3500) | <input type="checkbox"/> Utilities – Pipelines except Natural Gas (4600) |
| <input type="checkbox"/> Instrumentation, Measurement, Analysis & Control Apparatus (3800) | <input type="checkbox"/> Utilities – Water/Wastewater (4940) |
| | <input type="checkbox"/> Valves, Fittings, Fabricated Metal Products (3400) |

3. EXAM SELECTION INFORMATION

Level

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 - Application must be received by ISA four weeks prior to the time period during which you want to test.
- Private exam site - Application must be received by ISA six weeks prior to the exam date.
Date to test _____ City, State _____
(ISA cannot process your application without a date and location for private exam sites.)

4. EMPLOYMENT SUMMARY

Starting with your current job and working back, complete the information below to document your professional work experience. Photocopy this page if additional space is 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.

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

An official transcript of the academic work must be submitted with your application if you wish to use education/training as a portion of the required experience for testing. Certificates do not serve as verification of an apprenticeship or training. Apprenticeships and training experience must be verified by signed documentation. If you are not using education/training to qualify, you do not need to include this information.

Registered Apprentice

Degree name _____

Institution name _____

City, State _____

Beginning date _____ Ending date _____

Date awarded _____

Diploma/CST in Training Recognition

Degree name _____

Institution name _____

City, State _____

Beginning date _____ Ending date _____

Date awarded _____

Associate's

Degree name _____

Institution name _____

City, State _____

Beginning date _____ Ending date _____

Date awarded _____

Bachelor's

Degree name _____

Institution name _____

City, State _____

Beginning date _____ Ending date _____

Date awarded _____

Master's

Degree name _____

Institution name _____

City, State _____

Beginning date _____ Ending date _____

Date awarded _____

6. VERIFICATION OF EMPLOYMENT

A Verification of Employment Form should be completed by your current and former supervisors for each period of employment that you submit. **This must include the job activities the candidate was involved in or application cannot be approved. 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 the professional work experience required for the exam for which you are applying. A notarized letter from at least three of your customers, including full contact information, must be provided as part of the verification of employment for self-employed applicants.

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

_____ was employed as a(n)
name of candidate

title of candidate while employed

in _____ at _____
location name of company/organization

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

telephone

Supervisor can return this form to:

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

Contact ISA at (919) 549-8411 if you have questions regarding employment verification.

7. 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 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 CCST program provides recognition and documentation of a technician's knowledge, experience and education in measurement and control. Certification status does not guarantee a level of performance by a technician 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 material 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 Program Information Guide and understand the requirements for the level of certification for which I am applying. I understand that if my application does not meet the requirements for such level, I will automatically be rescheduled to the next available test date. I understand the application fee is non-refundable. If certified, I hereby request that ISA include me in any published listings of CCSTs.

_____ signature

_____ date

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

Levels I and III	\$275	Electronic and Private exams, all locations
Level II	\$325	U.S. and Canada
Level II	\$450	Non-U.S. and Canada

Your application **will be returned unapproved** if payment is not enclosed. The application fee is subject to change. **Fees are not refundable.** 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 _____

Authorized Credit Card Holder's Signature _____

Check here if you have registered for the ISA Training Institute 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.

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

1. If mailing through regular postal delivery:
ISA
Certified Control Systems Technician Program
P.O. Box 3561
Durham, NC 27702 USA

2. If sending by overnight service:
ISA
Certified Control Systems Technician Program
67 Alexander Drive
Research Triangle Park, NC 27709 USA
(919) 549-8411

Materials sent to any other address will be returned. Fax and e-mail 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 (919) 549-8411.

Do not release my name and contact information to companies selling products and services. Do not call me about ISA activities.

Certification

ISA certification provides an objective, third-party assessment and confirmation of a person's skills, and gives them the opportunity to stand out from the crowd and be recognized. ISA currently offers three certification programs: Certified Automation Professional™ (CAP™), Certified Control Systems Technician® (CCST®), and Certified Industrial Maintenance Mechanic™ (CIMM™).

ISA

67 Alexander Drive
P.O. Box 12277
Research Triangle Park, NC 27709
PHONE (919) 549-8411
FAX (919) 549-8288
E-MAIL info@isa.org
www.isa.org



Founded in 1945, ISA (www.isa.org) is a leading, global, nonprofit organization that is setting the standard for automation by helping over 30,000 worldwide members and other professionals solve difficult technical problems, while enhancing their leadership and personal career capabilities. Based in Research Triangle Park, North Carolina, ISA develops standards; certifies industry professionals; provides education and training; publishes books and technical articles; and hosts the largest conference and exhibition for automation professionals in the Western Hemisphere.