



# IAAP CAP Exam APPLICATION

CAP Exam as a  New Applicant  Retake Candidate

Exam Dates:  SPRING 20\_\_  FALL 20\_\_

IAAP ID # (if known) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Office Phone

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

Job Title \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Mobile Phone

Email Address \_\_\_\_\_

Preferred mail to:  Office  Home  
Preferred daytime phone:  Office  Home  Mobile

Email Opt-Out  
We want to stay in touch with you regarding IAAP information, benefits, and educational offerings. However, if you do **NOT** wish to receive emails from IAAP regarding membership, member promotions, conferences, education, and events, check this box.

Home Address/PO Box \_\_\_\_\_

Gender (optional) \_\_\_\_\_ Birth Date (mm/dd/yy) (optional) \_\_\_\_\_

Home City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Company Name \_\_\_\_\_

Check here if you do **NOT** wish to receive IAAP Partners mail.

Office Address/PO Box \_\_\_\_\_

Have you previously applied for CAP exam?  Yes  No

Office City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

\_\_\_\_\_  
Name (if different when applied)

**Applications submitted without payment will not be processed. Fees are nonrefundable once the application has been processed. FEES (payable in U.S. funds)**

## CAP EXAM FEES

IAAP Member		Nonmember		Join Now*	
<input type="checkbox"/> CAP exam fee	\$375	<input type="checkbox"/> CAP exam fee	\$560	<input type="checkbox"/> IAAP Membership	\$150
<input type="checkbox"/> Late fee (if applicable)	\$50	<input type="checkbox"/> Late fee (if applicable)	\$50	<input type="checkbox"/> CAP exam fee	\$375
				<input type="checkbox"/> Late fee (if applicable)	\$50
Total Amount Due	\$_____	Total Amount Due	\$_____	Total Amount Due	\$_____

\*By selecting the option to Join Now, you are consenting to a one-year professional membership at \$150. With your membership, the cost to take the CAP exam is discounted to \$375.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Mail application, fees and education and/or experience verification to:

Certification  
10502 N Ambassador Dr., Suite #100  
Kansas City, MO 64153-1291

IAAP reserves the right to refuse acceptance of any application.

**All Applicants:** I certify that I have read and understand the Applying and Qualifying regulations, that the information supplied is correct and in accordance with the instructions, and that I am responsible for submitting information to keep my file current. I further certify that my experience as submitted conforms to the CAP Program definition of an administrative professional and that the CAP Program reserves the right to obtain further verification of information provided in this application. I understand and agree that all examination materials, answers and test scores are the exclusive property of the CAP Program. I also agree to accept the scores as final as reported by the CAP Program. A \$50 processing fee will be incurred for applications that do not meet eligibility requirements.

I agree that the CAP Program may at its discretion release information contained in this application, my examination results and my test scores to researchers selected by the CAP Program to study testing issues for the CAP Program examination program under appropriate conditions of confidentiality established by the Certification Administrative Committee (CAC). Aside from such research purposes, I understand that my individual examination results and test scores will be considered by the CAP Program to be confidential unless authorized by me and will not be released to others except pursuant to legal process. I understand that any material misstatement in connection with this application will automatically void it. I also understand that applications are maintained by the CAP Program for a three-year period.

The CAP Program's relationship is directly with the candidate. If an employer agrees to pay for an individual's exam and the employee later leaves the company, the individual is still entitled to take the exam. IAAP will not cancel the individual from the exam at the request of the individual's employer or former employer.

Attestation to uphold the IAAP Code of Conduct which is a required attestation for all IAAP members and is now a required attestation for all persons earning the CAP credential regardless of IAAP membership status. IAAP is not responsible for lost, damaged, misdirected, incomplete, illegible, or postage-due applications.

# Qualifying Administrative Experience



Qualifying administrative experience includes duties such as: interpersonal communications; written communications; information distribution; document production; scheduling and planning; records management; business finance; meeting management; managing physical resources; conducting research; supervising; leadership; human resources; and technology.

**All IAAP CAP candidates must provide qualifying administrative experience to meet the requirements:**

- 24 months administrative experience with a bachelor's/4 year degree\*; or
- 36 months administrative experience with an associate/2 year degree\*; or
- 48 months administrative experience; AND
- All administrative experience submitted is within the past 10 years; AND
- The administrative experience submitted includes 12 consecutive months within the past five years.

NOTE: If using a degree to meet eligibility requirements, please attach an official or unofficial transcript.  
For all administrative experience, complete the below or attach a current resume.

## Most Recent Qualifying Administrative Position

Position \_\_\_\_\_ From (mm/dd/yyyy) \_\_\_\_\_ To (mm/dd/yyyy) \_\_\_\_\_

Company Name and Address \_\_\_\_\_

Immediate Supervisor's Name and Phone Number \_\_\_\_\_

Duties Performed

## Previous Qualifying Administrative Position

Position \_\_\_\_\_ From (mm/dd/yyyy) \_\_\_\_\_ To (mm/dd/yyyy) \_\_\_\_\_

Company Name and Address \_\_\_\_\_

Immediate Supervisor's Name and Phone Number \_\_\_\_\_

Duties Performed

## Previous Qualifying Administrative Position

Position \_\_\_\_\_ From (mm/dd/yyyy) \_\_\_\_\_ To (mm/dd/yyyy) \_\_\_\_\_

Company Name and Address \_\_\_\_\_

Immediate Supervisor's Name and Phone Number \_\_\_\_\_

Duties Performed

**My signature below attests that all information provided is true and accurate. I also acknowledge that my experience may require further verification and authorize management representatives and supervisors for whom I have worked to release information relating to my employment history to IAAP.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_