IAAP CAP Exam APPLICATION

Please complete and email to certification@iaap-hq.org or print legibly.

CAP Exam *as a* ❑ **New Applicant** ❑ **Retake Candidate**

Exam Dates: ❑ **SPRING 20__** ❑ **FALL 20__**

IAAP ID # (if known)

First Name Middle Initial Last Name

Job Title

Email Address

❑ 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.

Gender **(optional)** Birth Date (mm/dd/yy) **(optional)**

Company Name

Office Address/PO Box

Office City State ZIP Country

(_____) Office Phone

(_____) Home Phone

(_____) Mobile Phone

Preferred mail to: ❑ Office ❑ Home

Preferred daytime phone: ❑ Office ❑ Home ❑ Mobile

Home Address/PO Box

Home City State ZIP Country

Have you previously applied for CAP exam? ❑ Yes ❑ No

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*	
❑ CAP exam fee	$375	❑ CAP exam fee	$575	❑ IAAP Membership	$200
				❑ CAP exam fee	$375
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 $200. With your membership, the cost to take the CAP exam is discounted to $375.

Checks should be made out to:
IAAP
Mail application and fees to
Certification
10502 N Ambassador Dr., Suite #100
Kansas City, MO 64153-1291

IAAP reserves the right to refuse acceptance of any application

Qualifying Administrative Experience

Qualifying administrative experience includes duties such as: interpersonal communications; 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.

To be eligible to take the CAP exam, you must meet one of the following education/experience categories at the time of application submittal:

❑ **Two years working at least 34 hours a week or 3, 536 hours* of relevant work experience with a 4-year degree**

❑ **Three years working at least 34 hours a week or 5,304 hours* of relevant work experience with a 2-year degree**

❑ **Four years working at least 34 hours a week or 7,072 hours* of relevant work experience without a degree**

Please complete the below Qualifying Administrative Position section 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

NOTE: All administrative experience submitted for eligibility must be earned within the last 10 years in a paid position. Internships and work study are not accepted as eligible work experience. If using a degree to meet eligibility requirements, please attach an official or unofficial transcript.

Certification Program Agreements

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.

IAAP is not responsible for lost, damaged, misdirected, incomplete, illegible, or postage-due applications.

Please check the boxes below to show that you are familiar with the following:

- ❑ By checking this box I certify I have read the Body of Knowledge & I am aware of the six Domains that make up the content of the CAP exam.
- ❑ By checking this box I certify I have read the Certification Handbook and Policies & Procedures established by the Certification Administration Committee.
- ❑ By checking this box I certify that I have read the following Study Agreement: While noting that each candidate brings a different knowledge and skill set, I acknowledge that IAAP recommends a minimum of 3-6 months of study time, regardless of education or experience level. Most candidates need several resources to thoroughly prepare for the exam. The IAAP CAP Study Guide in either of its forms is not meant to be an all-inclusive resource; rather a guide to ensure you are studying the subjects and competencies assessed by CAP.
- ❑ By checking this box I certify I have read and understand the CAP exam Transfer Policy and intend to sit for the exam that I am currently registering for.

By signing this agreement I agree to the following:

I certify the information supplied on this form 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.

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.

Signature _____ **Date** _____