CERTIFIED DESIGN FIRM ADMINISTRATOR

APPLICATION FORM
for the
CDFA Examination

Excellence in
Design Firm Management

Society for Design Administration
CDFA Certification Program

8190-A Beechmont Avenue, #276
Cincinnati, OH 45255-6117
Telephone: 800-711-8199
Fax: 513-448-1921
Web Site Address: http://www.sdanational.org
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INSTRUCTIONS

ELIGIBILITY REQUIREMENTS

☐ Prior to completing your application make sure that you meet the following eligibility requirements:
  o a bachelor’s degree or an advanced degree plus one year of experience in design firm administration for firms providing professional A/E/C services, or
  o an associate’s degree plus two years of experience in design firm administration for firms providing professional A/E/C services, or
  o without a degree, three years of experience in design firm administration, plus
  o a pledge to abide by the SDA Code of Ethics.

APPLICATION FORM

☐ Carefully read and complete this application form in its entirety. Please type or neatly print all requested information in ink. Do not omit any items; incomplete applications will be returned to candidates unprocessed. In order for your application packet to be considered complete, it must include the following:
  o this completed application (make sure you sign and date your application)
  o an official college transcript or a notarized copy of your college diploma (if applicable)
  o the appropriate payment of fees

Please retain a photocopy of your completed application and transcript or diploma for your records.
SUBMISSION & NOTIFICATION DEADLINES

Applications, along with any accompanying or supporting documentation, must be submitted as original documents only; copies or facsimile transmissions will not be accepted. Applications for the National EDSymposium exam should be mailed to:

Society for Design Administration
Certification Department
8190-A Beechmont Avenue, #276
Cincinnati, OH  45255

Applicants will be notified by SDA of their application acceptance within four weeks of submission.

Requests for clarification and/or additional information, if required, will be sent to candidates within two weeks of receipt of their application.

Upon notification of their eligibility status by SDA, candidates must register to take the examination by paying the examination fee on or before the date indicated in the application acceptance letter.

All registered and confirmed candidates will receive an admission letter from SDA National approximately one week prior to the examination date. If you do not receive an admission letter, please contact SDA at 800-711-8199.

APPLICATION FEE:

- $75 SDA Members
- $150 Non-members

The application fee must accompany your application. Make your check payable to Society for Design Administration. If you are paying by credit card (American Express, MasterCard, or Visa), please make sure you provide ALL requested information in the payment section of this application. Application fees are non-refundable.

EXAMINATION FEE:

- $250 SDA Members
- $425 Non-members

QUESTIONS:

Should you have any questions regarding the application or certification process, please contact the SDA at 800-711-8199.
PERSONAL DATA INVENTORY
Please print or type all information in the spaces below.

1. Your Name (This will be the name printed on your certificate should you meet the application and examination requirements.)
   
   LAST NAME: ____________________________________________________________
   
   FIRST NAME: ___________________________________________________________
   
   MIDDLE INITIAL: _______________________________________________________

2. Home Contact Information
   
   ADDRESS: _______________________________________________________________
   
   CITY: STATE: ZIP: _____________________________________________________
   
   PHONE: (_____) _____________________________ FAX: (____) _____________________

3. Current Employment Information
   
   JOB TITLE: ______________________________________________________________
   
   FIRM NAME: _____________________________________________________________
   
   FIRM ADDRESS: _________________________________________________________
   
   CITY: STATE: ZIP: _____________________________________________________
   
   PHONE: (____) ______________________________ FAX: (____) ____________________
   
   SUPERVISOR’S NAME & TITLE: ____________________________________________

4. E-MAIL ADDRESS: _______________________________________________________

5. If you are currently a member of SDA, please provide your member ID number.
   
   SDA MEMBER NUMBER: ______________________

6. Higher Education (This includes courses taken at accredited degree-granting institutions only. To receive credit, the name of the college/university must be given below. An original transcript or notarized copy of your diploma MUST accompany this application.)
   
   DEGREE AWARDED: ____________________________________________________
   
   INSTITUTION NAME: ____________________________________________________
   
   CITY/STATE: ___________________________________________________________
DESIGN FIRM
EMPLOYMENT HISTORY
Please list all relevant job experience in chronological order, starting with your most recent job.
Duplicate and attach additional page(s), if needed. Please print or type all information in the spaces below.

DATES OF EMPLOYMENT: __________________________ TO  _______________________________________

JOB TITLE: _______________________________________________________________________________

FIRM NAME: ______________________________________________________________________________

CITY: ____________________________________ STATE:  _________________________________________

FIRM DESCRIPTION: _______________________________________________________________________
_______________________________________________________________________________________

DATES OF EMPLOYMENT: _________________________ TO  ______________________________________

JOB TITLE: _______________________________________________________________________________

FIRM NAME: ______________________________________________________________________________

CITY: ____________________________________ STATE:  _________________________________________

FIRM DESCRIPTION: _______________________________________________________________________
_______________________________________________________________________________________

DATES OF EMPLOYMENT: __________________________ TO  _______________________________________

JOB TITLE: _______________________________________________________________________________

FIRM NAME: ______________________________________________________________________________

CITY: ____________________________________ STATE:  _________________________________________

FIRM DESCRIPTION: _______________________________________________________________________
_______________________________________________________________________________________

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PAYMENT OF FEES

Please indicate method of payment and provide ALL requested information.

YOUR NAME:  ______________________________________________________________________

COMPANY NAME:  __________________________________________________________________

CITY, STATE, ZIP:  __________________________________________________________________

CHECK (Make check payable to: Society for Design Administration)

CREDIT CARD

If you are paying by credit card, the following MUST be completely filled out or this application will not be processed.

CHECK ONE:  □ American Express  □ MasterCard  □ Visa

CARD NUMBER:  ____________________________________________________________________

EXPIRATION DATE:  _________________/_________________ VCODE:  _____________________

CARDHOLDER’S NAME:  _____________________________________________________________

APPLICANT’S NAME (If different from cardholder):  _________________________________________

FEES

I authorize the Society for Design Administration (SDA) to charge my credit card for services rendered for the amount of:

APPLICATION FEE (NON-REFUNDABLE)

□ $ 75 (members)  □ $ 150 (nonmembers)

EXAMINATION FEE (includes electronic version of CDFA Study Guide)

□ $ 250 (members)  □ $ 425 (nonmembers)

CARDHOLDER’S SIGNATURE:  _______________________________________________________

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SDA CODE OF ETHICS
Code of Ethics and Professionalism

The Society for Design Administration’s (SDA) members and officers, who represent the SDA and design administrators to others both within and outside the design industry, are dedicated to the highest standards of professionalism and integrity. The following Code of Ethics and Professionalism is established as a guideline for members within their firms and within the SDA.

Professional Responsibility: We are responsible for engaging in activities that enhance the competence and value of design administration professionals and for adding value to the organizations we serve. We endeavor to build respect and strategic importance for the design administration profession; to inform and educate our firms’ administrators and managers; and to assist our firms in achieving their objectives and goals through the implementation and management of effective business practices. We strive to adhere to the highest standards of professional conduct; to enhance knowledge and skills that support best design administration and management practices; to protect the proprietary interests of our firms; to respect the rights and acknowledge the aspirations and contributions of colleagues; and to accept responsibility for all our decisions and actions.

Professional Development: We recognize the importance of continuing education and professional expertise to meet the highest professional standards of competence. We endeavor to further our understanding of how our firms function and to pursue continuing education and encourage the same for our colleagues. We further seek to continue professional development throughout our careers. We are committed to continuous learning, skills development, and the application of new knowledge in design firm administration and management; to contributing to the body of knowledge through discussion, publication, and speaking; to assisting colleagues and SDA members in their professional development; and to pursuing professional certification as a measure of competency and knowledge.

Ethical Leadership: Our leadership, by virtue of their role as representatives of SDA to others within and outside the A/E Industry, shall model the highest standards of ethical conduct. Ethical leadership shall apply to every professional undertaking, and it shall govern our decisions as well as our actions. Our leadership shall seek guidance when in doubt regarding the ethical propriety of any situation and shall consider the mentoring of ethical leaders as a vital part of their leadership role.

Conflicts of Interest: The personal interest of members shall not interfere with the performance of duties to their organizations or to the SDA and shall not result in personal, financial, professional, or political gain at the expense of our organizations, the Society, its members, or its supporters. We shall avoid activities that are, or may appear to be, in conflict with any provisions of this Code of Ethics and Professionalism document. If at any time an SDA member believes they may be unable to maintain professional objectivity on any issue, the member shall abstain from any position on the subject. Full disclosure of any conflict of interest shall be made in writing to National Headquarters with written action or acknowledgement within 30-days.

Use of Information: As design firm administrators, we can significantly influence the image and success of our firms by contributing to the free exchange of information and ideas. We are, therefore, committed to building and sustaining trust among members by maximizing the open exchange of information and to protecting rights to privacy and confidential information shared, sought, or received. Members shall treat as confidential any information to which they are given access by virtue of their position or membership in SDA or by their presence at any functions where they are representing their firm or SDA. Members shall acquire and disseminate information only to the extent, and by means, which are both ethical and responsible. Members shall protect their individual firms’ proprietary interests, safeguard restricted or confidential information, and take appropriate steps to ensure the accuracy of all disseminated information.

CONSENT AGREEMENT
Please carefully read the following statement and indicate your consent by signing and dating this form below.
In making this application, I fully understand that it is an application for enrollment purposes only in order to complete registration and does not guarantee certification. I will submit to a multiple-choice examination and supply further information as determined by the SDA CDFA Committee. I further understand and, by my signature below, attest that I now and will in the future adhere to the SDA Code of Ethics. I further understand that any false statement or misrepresentation that I may make in the course of these proceedings and application may result in the revocation of this application and the issuance of a complaint of violation.

Signature (in ink):  _____________________________________________________________________________________________

Date:  _____________________________________________________________________________________________________

The CDFA program does not discriminate on any basis including race, sex, age, religion, national origin, sexual orientation, or disability.
APPLICATION SUBMISSION CHECKLIST

The following items must be included in your application packet and received by SDA at least six weeks prior to the exam date. You must submit original documents only. SDA will not accept copies or facsimile transmissions.

☐ Complete Application Form (Consent Agreement and Release Acknowledgement must be signed and dated).

☐ Official College Transcript or a notarized copy of your college diploma (if applicable).

☐ Appropriate payment of application fees - $75 members/$150 nonmembers

☐ If you are not an SDA member and you wish to apply for membership, please submit an SDA Membership Application form with appropriate fees along with your application.

☐ A signed copy of this checklist, confirming the items you are submitting to SDA for consideration.

RELEASE ACKNOWLEDGEMENT Certification is a voluntary process on the part of the applicant. Society for Design Administration (SDA) does not warrant, guarantee or establish specific performance on the part of any individual granted Certification status. By signing below, to the fullest extent permitted by law, I hereby release, discharge and agree to hold harmless and indemnify SDA, the SDA Certification Committee, and all of their members, directors, officers, employees and agents from any actions, causes of action, suits, claims, or losses, judgments, damages and expenses (including reasonable attorneys fees), whatever their nature, arising out of or in any way connected with the SDA Certified Design Firm Administrator Certification, or the certification program, including, but not limited to, the use of any information or materials obtained from the program, or my acts or omissions as a Administrator.

In addition, I authorize SDA to release any information requested regarding my certification status. I understand that to revoke this permission, I must send notice in writing.

SIGNATURE: ___________________________________________________________________

DATE: _______________________

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