

Application

To Take The Certified Administrative Professional exam and Organizational Management specialty examination

Please
Print
Legibly

CAP Exam as a New Applicant

OM Exam* as a New Applicant

and/or

*OM applicants must hold current CAP rating or be applying to take the CAP exam at the same time

Exam Dates Check One:

FIRST SATURDAY IN MAY
(received by February 15th)*

FIRST SATURDAY IN NOVEMBER
(received by August 15th)*

*See Fees on the next page for applications submitted after the deadline.

IAAP ID # (If known)

First Name and Middle Initial

Last Name

Company Name

Address (Work)

City

State

Zip

Country

UPU/PUAS

Phone Number (Work)

E-mail Address (Work)

Address (Home)

City

State

Zip

Country

UPU/PUAS

Phone Number (Home)

E-mail Address (Home)

Preferred mailing address: (check one) Home Address Work Address

Preferred e-mail address: (check one) Home Address Work Address

Have you previously applied for IAAP's exams?

Yes No

Name (if different when applied) _____

Exam Center Choices

1st: _____

2nd: _____

3rd: _____

See next page for more information.

Method Of Payment (See next page for fee structure)

Check or money order enclosed (payable to IAAP)

Please charge \$ _____ to my credit card:

Select one: Visa MasterCard Discover AmEx

Account No. _____

Exp. Date _____

Name as it appears on card (please print) _____

Authorized Signature _____

Applications submitted without payment will not be processed.



Reasonable accommodations will be made for candidates with disabilities. Please describe specific needs and submit medical documentation at time of application.

To be used starting with the November 2011 exams

FEES (payable in U.S. funds)

Check Applicable

IAAP Member		Nonmember	
<input type="checkbox"/> CAP Examination Fee:	\$200	<input type="checkbox"/> CAP Examination Fee:	\$300*
<input type="checkbox"/> OM Examination Fee:	\$125	<input type="checkbox"/> OM Examination Fee:	\$175
Late Fee (if applicable):	\$50	Late Fee (if applicable):	\$50
Total Amount Due:	\$ _____	Total Amount Due:	\$ _____

Exam fees include a \$50 nonrefundable processing fee in the event the applicant does not qualify for the exam.

*This rate includes one year membership in IAAP. If you wish to decline this membership, please check here

Exam Dates:

Exams are administered first Saturday of May and November:
 CAP Exam Administered Saturday morning
 OM Exam Administered Saturday afternoon

Exam Deadlines:

Applications for May exam must be received by February 15.
 Applications received between February 16-28 must include the \$50 late fee.

Applications for November exam must be received by August 15.
 Applications received between August 16-31 must include the \$50 late fee.

Exam Center Locations:

Certain international centers have been approved to administer the exams on days other than Saturday.

Refer to the list of Exam Centers on the IAAP website www.iaap-hq.org. Certification > Exams > Exam Centers

ALL NEW CAP APPLICANTS

Experience and Education verification:

- Attach Job Function & Employer's Statement (or letters from employers) to verify all needed experience.
- Provide copy of transcript or diploma to verify college degree earned.

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 IAAP definition of an administrative professional and that the Certification Department 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 International Association of Administrative Professionals. I also agree to accept the scores as final as reported by the Institution for Certification.

I agree that IAAP may at its discretion release information contained in this application, my examination results and my test scores to researchers selected by IAAP to study testing issues for the IAAP examination program under appropriate conditions of confidentiality established by IAAP. Aside from such research purposes, I understand that my individual examination results and test scores will be considered by IAAP 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 answer sheets and applications are maintained by IAAP for a three-year period.

The Institute for Certification reserves the right to refuse the acceptance of any application. IAAP is not responsible for lost, damaged, misdirected, incomplete, illegible or postage-due applications.

Signature of Applicant _____ Date _____

Mail Application With Fees And Supporting Documents To:

International Association Of Administrative Professionals
 Certification Department
 10502 NW Ambassador Drive | PO Box 20404
 Kansas City, MO 64195-0404

OR E-mail With Credit Card Authorization:

E-mail: certification@iaap-hq.org