

HEADQUARTERS USE ONLY	Year	Education Experience Required Verified	Qualifying Status HQ Initials
	Exam Type		

APPLICATION TO TAKE THE CERTIFIED PROFESSIONAL SECRETARY® OR CERTIFIED ADMINISTRATIVE PROFESSIONAL™ EXAMINATION

New Candidates Only—Not to be used by Existing Candidates
Individualized registration forms are mailed to all eligible retake candidates prior to each examination

PLEASE TYPE OR PRINT LEGIBLY (All applicants)

ID: IAAP Member Only
Nonmember Omit _____

Social Security Number _____

Last Name _____

First Name and Middle Initial _____

Address _____
STREET

CITY _____

STATE/PROVINCE _____ ZIP/POSTAL _____

COUNTRY _____ UPU/PUAS _____

Bus Tel (____) _____

E-mail _____

Bus Fax (____) _____

Res Tel (____) _____

All Applicants

Check or money order enclosed payable to IAAP

Please charge my
 Visa MasterCard Discover AmEx

Account Number _____ Exp. Date _____

Cardholder's Name _____

Signature (mandatory on all charge orders)

Month you would like to take exam (Check Preference)
 MAY
 Application postmarked by March 1
 NOVEMBER
 Application postmarked by September 1

EXAM CENTER CHOICES
 (Select 3 Choices from Insert)

1st 2nd 3rd
 [] [] [] [] [] [] [] [] [] [] [] []

CPS Exam Applicants – 3 part exam

Category (check one) PROFESSIONAL
 STUDENT
 BUSINESS EDUCATOR

Have you previously filed a CPS Examination application? No Yes
 If yes, when? _____

Name if different when applied

CAP Exam Applicants – 4 part exam

Have you previously filed a CAP Examination application? No Yes
 If yes, when? _____

Are you a CPS holder? No Yes
 Date certified _____

Name if different when certified

CPS Exam Applicants

<input type="checkbox"/> IAAP member	} Processing Fee	(\$ 35)	_____
<input type="checkbox"/> Nonmember		(\$ 60)	_____
EXAMINATION FEE*		+ \$160	_____
	Total Amount	\$	_____

CAP Exam Applicants

<input type="checkbox"/> IAAP member	(\$ 35)	_____
<input type="checkbox"/> Nonmember	(\$ 60)	_____
EXAMINATION FEE*	+ \$225	_____
	Total Amount	\$ _____

<input type="checkbox"/> CPS holder-Part 4 only (Exempt from Pt. #1-3)	<input type="checkbox"/> IAAP member	(\$110)	_____
	<input type="checkbox"/> Nonmember	(\$135)	_____
	<input type="checkbox"/> Processing Fee	(\$0.00)	_____
	Total Amount	\$	_____

***New candidates must take all parts.**

ALL APPLICANTS

Experience and Education Verification

Attach resume showing education and experience **AND** Use Job Function and Employer’s Statement to verify all needed experience. Provide copy of transcript or diploma to verify degree earned.

(NOTE: Current CPS holders applying for Part 4 only of the CAP exam are not required to submit verification of experience and education.)

If applying as Student or Business Educator—CPS Exam only—Attach letter from college/university attending or employed by. Student’s letter must include degree program and scheduled date to complete requirements. Business Educator’s letter must include dates employed and courses being taught.

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 Institute for Certification 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 Institute 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.

• **Signature of Applicant** _____ Date _____
The Institute for Certification reserves the right to refuse the acceptance of any application.

CPS Exam	Parts 1–3	Administered First Saturday, May and November
CAP Exam	Parts 1–3	Administered First Saturday, May and November
CAP Exam	Part 4	Administered First Friday afternoon, May and November



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

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

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
816.891.6600, ext. 225, 248, or 227
Fax 816.891.9118