



ISCET CERTIFICATION ADMINISTRATOR APPLICATION

Thank you for applying for Certification Administrator status.

Unfortunately, we do not have a Certification Administrator (CA) in every possible area, even though there are over 400 nationally. If you are approved as a CA, you will be helping more students and professionals become certified. As you may already know, ISCET standards and policy do not allow for instructors to test students under their tutorship, or employees under their supervision.

Instructions, forms and other information will be furnished along with the approval of appointment as a Certification Administrator for administering ISCET testing using the ISCET Online Testing System (OLL) or standard paper tests.

FORM TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

Name: _____

Position/Title: _____

Organization: _____

Organization's address: _____ Phone: (____)____ - _____

(No P.O. Boxes)

City: _____ State: _____ Zip: _____ Country: _____

Your address: _____ Phone: (____)____ - _____

(No P.O. Boxes)

City: _____ State: _____ Zip: _____ Country: _____

E-mail address: _____ Fax number: (____)____ - _____

List below the addresses of three references, one of which is a businessperson in your organization working in your career field. Use number 4 for your immediate supervisor (if applicable).

1. Name: _____ E-mail address: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

2. Name: _____ E-mail address: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

INTERNATIONAL SOCIETY OF CERTIFIED ELECTRONICS TECHNICIANS

3608 Pershing Ave., Fort Worth, TX 76107-4527

800-946-0201, Fax: 817-921-3741

www.iscet.org testing@iscet.org

3. Name: _____ E-mail address: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

4. Name: _____ E-mail address: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Where will exams be given?

Place: _____

Address: _____

Phone: _____ City: _____ State: _____ ZIP: _____

I, _____, do hereby swear that all statements made by me herein are true and that I will, if appointed as a Certification Administrator, abide by the rules set forth in the latest version of the ISCET Certification Program Policy Manual, uphold the integrity of the CET program, and prevent the unauthorized use of CET and all other ISCET authorized test booklets, software and/or test answer sheets. I further understand that this is a voluntary position with no remuneration, except for incidental expenses or special expenses that may be authorized by the Executive Director of ISCET or Executive Vice-President of NESDA. I also understand that ISCET may rescind the appointment to this position at any time they so choose.

Signature: _____

Date: ____/____/____

Please mail or fax this completed form to the address or fax number below. If you are viewing this document as a PDF, it can be filled out and e-mailed to the e-mail listed below. If you have any questions, please e-mail us or call our 800 number (answered 24 hours a day, 7 days a week)

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