

Application

For The Technology Applications Specialty

Please
Print
Legibly

**Applicant must hold current CAP rating to apply for
the Technology Applications Specialty**

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

Date of CAP rating _____

Name (if different when applied) _____

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.

To be used starting January 2012

FEES (payable in U.S. funds)

Check Applicable

IAAP Member		Nonmember	
<input type="checkbox"/> Technology Applications Specialty Fee: \$75*	or	<input type="checkbox"/> Technology Applications Specialty Fee: \$100*	
Total Amount Due:	\$ _____	Total Amount Due:	\$ _____

*Nonrefundable

ALL NEW TECHNOLOGY APPLICATIONS SPECIALTY APPLICANTS

- Attach copies of IAAP Options Technology certificates (at least three completed in the past two years).
- Attach proof of Microsoft certification (at least one attained in the past two years).

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. I understand that the Certification Department reserves the right to obtain further verification of information provided in this application. I understand and agree that all materials are the exclusive property of International Association of Administrative Professionals. I also agree to accept the the approval or disapproval of my application as final.

I agree that IAAP may at its discretion release information contained in this application to researchers selected by IAAP to study certification issues for the IAAP program under appropriate conditions of confidentiality established by IAAP. Aside from such research purposes, I understand that my individual file 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 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.

I Have Attached (check all that apply and specify version)

Options Technology certificates

(must have at least three in the past two years)

- Word _____
- Outlook _____
- Excel _____
- Access _____
- PowerPoint _____
- Project _____
- Operating Systems _____

Microsoft Office Specialist certificates

(must have earned at least one in the past two years)

- Word _____
- Excel _____
- PowerPoint _____
- Outlook _____
- Access _____
- Windows Vista _____

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