

Applying for CAP certification



Step 1: Confirm you meet the requirements to take the exam:

(check all boxes that relate to you)

I have 24 months of administrative experience and a bachelor's degree from an accredited institution*; OR

I have 36 months of administrative experience and an associate degree from an accredited institution*; OR

I have 48 months of administrative experience

**Include copy of degree or transcript with your application. Applicants who do not have a college degree are required to provide 48 months of administrative experience.*

The administrative experience I am submitting is all within the past 10 years; AND

The administrative experience I am submitting includes twelve consecutive months in the past five years.

Step 2: Step 2: Make note of exam dates and deadlines available on the [IAAP web page](#).

Step 3: Download the CAP Body of Knowledge:

Everyone learns at a different pace. Some individuals prepare for the exam in a few months; others prefer a longer time to study. Your current knowledge of the exam content, your work experience, and your study habits are all factors to consider. Refer to the [CAP Body of Knowledge](#).

Step 4: Apply for the Exam:

As the application deadline approaches, decide if you are on track with your studies. If you feel prepared for the exam, proceed with submitting your application.

If you are a new candidate applying for the CAP exam you will need to submit:

1. Completed Exam Application
2. Completed Qualifying Administrative Experience form (included in application)
3. Copy of a college degree or transcript if submitting less than four years experience
4. Exam fee

If you are a retake candidate you will need to only submit:

1. Completed application form
2. Exam fee

Step 5: Follow-up:

Please contact us if your emailed application has not been acknowledged within 2 business days or your mailed application has not been acknowledged within 7 business days.

Steps For Applying

Step 1: Fill in the following form with acrobat reader

A free version can be downloaded by [clicking here](#).

Step 2: Save the document to your computer

Step 3: Email to certification@iaap-hq.org

Application

To Take The Certified Administrative Professional exam



Please complete and email to certification@iaap-hq.org or print legibly.

CAP Exam as a New Applicant Retake Candidate

Exam Dates

SPRING 20__

FALL 20__

IAAP ID # (if known) _____

First Name _____ Middle Initial _____ Last Name _____

(_____) _____
Office Phone

Job Title _____

(_____) _____
Home Phone

Email Address _____

(_____) _____
Mobile Phone

Email Opt-Out

We want to stay in touch with you regarding IAAP information, benefits, and educational offerings. However, if you do **NOT** wish to receive emails from IAAP regarding membership, member promotions, conferences, education, and events, check this box.

Preferred mail to: Office Home
Preferred daytime phone: Office Home Mobile

Gender (optional) _____ Birth Date (mm/dd/yy) (optional) _____

Home Address/PO Box _____

Company Name _____

Home City _____ State _____ ZIP _____ Country _____

Office Address/PO Box _____

Check here if you do **NOT** wish to receive IAAP Partners mail.

Office City _____ State _____ ZIP _____ Country _____

Have you previously applied for CAP exam?

Yes No

Name (if different when applied) _____

Method of Payment (See next page for fee structure)

Check or money order enclosed (payable to IAAP) in the amount of \$ _____

Please charge \$ _____ to my credit card: Visa MasterCard Discover American Express

Card Number _____ Expiration Date _____ CSC Code _____

Name as it appears on card _____

Billing ZIP/PC _____ Authorized Signature (required for processing) _____

Applications submitted without payment will not be processed. Fees are nonrefundable once the application has been processed.



Reasonable accommodations will be made for candidates with disabilities. A process to submit a request for accommodations is provided in the Candidate Handbook.

FEES (payable in U.S. funds) Check Applicable Box

CAP EXAM FEES

IAAP Member		Nonmember		Join Now*	
<input type="checkbox"/> CAP exam fee	\$375	<input type="checkbox"/> CAP exam fee	\$560	<input type="checkbox"/> IAAP Membership	\$150
<input type="checkbox"/> Late fee (if applicable)	\$50	<input type="checkbox"/> Late fee (if applicable)	\$50	<input type="checkbox"/> CAP exam fee	\$375
				<input type="checkbox"/> Late fee (if applicable)	\$50
Total Amount Due	\$ _____	Total Amount Due	\$ _____	Total Amount Due	\$ _____

Fees are non-refundable once the application has been processed.

***By selecting the option to Join Now, you are consenting to a one-year professional membership at \$150. With your membership, the cost to take the CAP exam is discounted to \$375.**

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 CAP Program definition of an administrative professional and that the CAP Program 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 the CAP Program. I also agree to accept the scores as final as reported by the CAP Program.

I agree that the CAP Program may at its discretion release information contained in this application, my examination results and my test scores to researchers selected by the CAP Program to study testing issues for the CAP Program examination program under appropriate conditions of confidentiality established by the Certification Administrative Board (CAB). Aside from such research purposes, I understand that my individual examination results and test scores will be considered by the CAP Program 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 the CAP Program for a three-year period.

Attestation to uphold the IAAP’s Code of Conduct which is a required attestation for all IAAP members and is now a required attestation for all persons earning the CAP credential regardless of IAAP membership status.

The [IAAP Code of Conduct](#) is posted on the IAAP website.

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

Signature of Applicant _____ Date _____

Email with credit card information to: certification@iaap-hq.org

OR Mail application, fees and education and/or experience verification to:
 Certification
 10502 N Ambassador Dr., Suite #100 | Kansas City, MO 64153-1291

IAAP reserves the right to refuse acceptance of any application.



Qualifying Administrative Experience



Qualifying administrative experience includes duties such as: interpersonal communications; written communications; information distribution; document production; scheduling and planning; records management; business finance; meeting management; managing physical resources; conducting research; supervising; leadership; human resources; and technology.

All IAAP CAP candidates must provide qualifying administrative experience to meet the requirements:

24 months administrative experience with a bachelor's degree*; or

36 months administrative experience with an associate degree*; or

48 months administrative experience; AND

***Copy of degree or transcript showing degree earned; AND**

All administrative experience submitted is within the past 10 years; AND

The administrative experience submitted includes 12 consecutive months within the past five years.

Most Recent Qualifying Administrative Position

Position _____ From (mm/dd/yyyy) _____ To (mm/dd/yyyy) _____

Company Name and Address _____

Immediate Supervisor's Name and Phone Number _____

Duties Performed

Previous Qualifying Administrative Position

Position _____ From (mm/dd/yyyy) _____ To (mm/dd/yyyy) _____

Company Name and Address _____

Immediate Supervisor's Name and Phone Number _____

Duties Performed

Previous Qualifying Administrative Position

Position _____ From (mm/dd/yyyy) _____ To (mm/dd/yyyy) _____

Company Name and Address _____

Immediate Supervisor's Name and Phone Number _____

Duties Performed

My signature below attests that all information provided is true and accurate. I also acknowledge that my experience may require further verification and authorize management representatives and supervisors for whom I have worked to release information relating to my employment history to IAAP.

Signature _____ **Date** _____