



# ETA<sup>®</sup> International CERTIFICATION ADMINISTRATOR APPLICATION

---

## STEP 1: Personal Information (please print clearly)

NAME: \_\_\_\_\_

SCHOOL/TRAINING FACILITY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CERTIFICATION NUMBER(S)-if applicable: \_\_\_\_\_

---

## STEP 2: References

Please list three references, PLUS your immediate supervisor. These people should be familiar with your work and should include coworkers and/or a businessperson in the electronics field in your community:

Reference #1: NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Reference #2: NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Reference #3: NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Reference #4: NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

---

## STEP 3: Reason for becoming a CA

Please state your reason for desiring an appointment as an ETA International test administrator:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

## STEP 4: CA Fees

I understand that ETA International reimburses its test administrators a small percentage of the exam fees. These fees are to be sent to:

- Myself. My Social Security number is: \_\_\_\_\_ OR
- Send testing fees to my institution. The FIN is: \_\_\_\_\_  
And the check should be made out to: \_\_\_\_\_ OR
- Retain the test fees. My institution or I are donating the fees back to ETA International.

---

## STEP 5: Signature Statement

In order to perform the program responsibilities in a comprehensive and objective manner, and due to the sensitive nature of applications, evaluations, and records; Certification Administrators (CAs) should conduct activities in a highly professional manner and prevent the unauthorized use of test booklets and materials.

Through this application, I subscribe to the following principles as applied to all certification participants, association officers and members, and others in the public interest.

As a professional CA, I will to the best of my abilities endeavor to:

- Support and guide participants through certification as an approach to recognize knowledge and skills, and improve their level of professional practice.
- Consider submitted materials objectively; respond in a timely manner; and equally apply to all certification participants the procedures, criteria, guidelines, evaluations, and records.
- Promote policies and procedures which are correct and beneficial for the association without being subjected to external influences.
- Represent the association truthfully and with integrity; and maintain the confidentiality and privilege of applications, evaluations, and records.

I certify that the information provided in this application for the international designation of Certification Administrator is correct and accurate.

---

Applicant Signature

Date

---

Print Name (as it would appear on your certificate)

**Please mail or fax to:**

**ETA International  
5 Depot Street  
Greencastle, Indiana 46135  
Fax: (765) 653-4287**

*If you have any questions, please contact ETA at (800) 288-3824.*