

IAAPA CERTIFICATION APPLICATION FORM



Professional certification is an important step in the career track of leaders in all industries. It enhances professional stature among one's peers and recognizes those who have gone beyond expectations to be the best that they can be. It makes a statement to those with whom we do business; provides a leveraged position from which to negotiate and build career success and sets higher standards for the attractions industry.

Earning the IAAPA credential is the hallmark of a committed industry professional. It helps drive professional self-confidence, opens doors, creates connections, and offers widespread value and recognition for certification holders.

This application is the final step toward earning an IAAPA Certification. All qualifying employment experience and professional development activities must be completed at the time the application is submitted.

Please initial each page and mail, fax, or email a PDF of your completed application to:

Mail: IAAPA Certification Program, 1448 Duke St, Alexandria VA 22314

Fax: +1 703/836-4800

Email: rturner@IAAPA.org

Receipt of your application will be acknowledged via email within ten business days.

There is no membership requirement to apply for the IAAPA certification. IAAPA members and nonmembers will be evaluated equally on the application. Additional information on program requirements, policies, and procedures is available in the IAAPA Certification Application Guide-book and at www.iaapa.org.

For further assistance, contact Rebecca Turner at +1 703/836-4800 or rturner@IAAPA.org.

APPLICATION CHECKLIST

Section 1: Applicant Information - I have completed all applicant information.

Section 2: Payment - I have included payment information with this application.

Section 3: Industry Employment Experience - I have completed the Industry Employment Experience section including the supervisory verification section.

Section 4.1: Formal Education - I have completed the formal academic education section and attached a PDF of my qualification certificate or transcript of same.

Section 4.2: IAAPA Programs, Courses and, Events - I have completed the IAAPA Programs Courses and Events section and attached PDFs of the certificates of completion, registrations or transcripts of same.

Section 4.3.1 Attractions Industry Continuing Education: Pre-approved courses - I have completed the Pre-approved Courses section (if applicable) and attached PDFs of the certificates of completion or transcripts of same.

Section 4.3 Attractions Industry and Continuing Education: Other Programs and Courses - I have completed the Other Programs and Courses section and attached PDFs of the certificates of completion or transcripts of same.

Section 5: Association and Industry Service - I have completed the Association and Industry Service section and have attached the relevant PDFs.

Credit Hour Total - I have completed the total required credit hours of required professional development training for the appropriate certification level.

Applicant Agreement and signature - I have completed the applicant agreement section and signed the application form.

Please select the IAAPA certification level for which you are applying (Check only one):

IAAPA Certified Attractions Manager (ICAM)

IAAPA Certified Attractions Leader (ICAL)

IAAPA Certified Attractions Executive (ICAE)

please initial: _____

SECTION 1

APPLICANT INFORMATION

Applicant name _____

Title of present position _____

Organization _____

Email _____

Address _____

City/State/Zip or postcode _____

Telephone _____

IAAPA membership ID # _____

SECTION 2

PAYMENT

All fees must accompany the application. The application fee is US\$200 for IAAPA members and US\$400 for nonmembers. The application fee includes a \$100 non-refundable processing fee. Application fees, less the non-refundable processing fee, will be refunded only if your application does not meet the eligibility requirements for IAAPA certification.

- This fee will cover the administrative, printing, and shipping of your certificate; and a portion of the fee will support IAAPA's efforts to grow the certification program and its value.
- Acceptable methods of payment include check, bank draft, money order, credit card, or wire transfers.
- Please forward payment information to +1 703/836-4801 or mail payment to:
IAAPA Education/Certification, 1448 Duke St., Alexandria, VA 22314 USA
- Wire transfer information: Bank of America, 1501 Pennsylvania Ave., NW, Washington, DC 20005, USA, Acct. # 0020-866-30597, ABA#: 026009593, SWIFT: BOFAUS3N. Please send or fax a copy of the wire transfer confirmation with this form.
Reference your name and "Education: Certification" on the wire.

Amount (check one)	US\$200 member	US\$400 nonmember				
Payment method	Check	Wire Transfer	MasterCard	Visa	Amex	Discover

Cardholder's name _____

Card number _____ Exp. date _____

Signature _____ CVC code (3-4 digits on your card) _____

Maintaining Your IAAPA Certification

Certifications awarded as of April 1st 2015 will be valid through December 31st 2018. Certification holders can elect to renew their certifications at that time or apply to for a designation at the next level of certification.

please initial: _____

SECTION 3

INDUSTRY EMPLOYMENT EXPERIENCE

Most Recent Employment Position:

Position(s) _____

From ____ / ____ / ____ to ____ / ____ / ____

Organization and location _____

Previous Qualifying Experience:

Position _____

From ____ / ____ / ____ to ____ / ____ / ____

Organization and location _____

Position _____

From ____ / ____ / ____ to ____ / ____ / ____

Organization and location _____

Position _____

From ____ / ____ / ____ to ____ / ____ / ____

Organization and location _____

Position _____

From ____ / ____ / ____ to ____ / ____ / ____

Organization and location _____

Verification of Supervisory Experience

I, (PRINT supervisor's name) _____, verify this candidate has completed _____ years
supervisory leadership experience in the attractions industry.

Supervisor signature: _____

If application is submitted electronically, supervisor signature can be faxed or scanned and emailed separately.

Title: _____

Facility and location: _____

Date: ____ / ____ / ____

please initial:

SECTION 4

PROFESSIONAL DEVELOPMENT ACTIVITIES

Section 4.1 Formal Education

First Degree Earned BA /BSc, etc MA / MSc, etc PH.D / MBA Other

College/University _____

Date degree earned _____ Attach course transcript, certificate of completion or, diploma (PDF)

Degree program description

Credit hours earned _____

Is this degree program Industry relevant? Yes No

Industry relevance

IAAPA Domain

Facility Operations and Safety Financial Management General Human Resources and Leadership
Marketing Revenue Operations

Industry Relevant Credit Hours _____ x hrs _____ **Total credit hours earned** _____

Second Degree Earned BA /BSc, etc MA / MSc, etc PH.D / MBA Other

College/University _____

Date degree earned _____

Attach course transcript, certificate of completion or, diploma (PDF)

Degree program description

Credit hours earned _____

Is this degree program Industry relevant? Yes No

Industry relevance

IAAPA Domain

Facility Operations and Safety Financial Management General Human Resources and Leadership
Marketing Revenue Operations

Industry Relevant Credit Hours _____ x hrs _____ **Total credit hours earned** _____

Total credit hours earned Section 4.1 Formal Education _____

please initial:

SECTION 4.2 IAAPA PROGRAMS, COURSES AND, EVENTS

Attendance at IAAPA Education programs, course and, events can earn credit hours toward an IAAPA certification. Evidence of attendance and completion of course-work is required to earn credit hours. For a complete list of these IAAPA programs, associated credit hours and the submission requirements, see the IAAPA Earn and Learn Guidebook – 2015IAAPALearnandEarnGuidebook.pdf.

IAAPA CREDIT TRANSCRIPT

If you attended or participated in an IAAPA program or event since 2010, you may order a transcript of your participation from IAAPA.* This will provide you with a list of the events, domains and, the total credit hours that have been earned.

Enter transcript details here:

Facility Operations and Safety:	Hours _____
Financial Management:	Hours _____
General:	Hours _____
Human Resources and Leadership:	Hours _____
Marketing:	Hours _____
Revenue Operations:	Hours _____

OTHER IAAPA PROGRAMS AND EVENTS

Enter details of other IAAPA programs and events that you have participated in that are not covered under transcript period.

Title of IAAPA Course/Event: _____

Date(s) of event (mm/yyyy) _____ Location (e.g. IAE 2008 Orlando, FL) _____

Submit the following evidence of attendance Certificate of completion Registration confirmation

IAAPA Domain

Facility Operations and Safety Financial Management Human Resources and Leadership General Marketing Revenue Operations

Credit hours earned _____

Title of IAAPA Course/Event: _____

Date(s) of event (mm/yyyy) _____ Location (e.g. IAE 2008 Orlando, FL) _____

Submit the following evidence of attendance Certificate of completion Registration confirmation

IAAPA Domain

Facility Operations and Safety Financial Management Human Resources and Leadership General Marketing Revenue Operations

Credit hours earned _____

Title of IAAPA Course/Event: _____

Date(s) of event (mm/yyyy) _____ Location (e.g. IAE 2008 Orlando, FL) _____

Submit the following evidence of attendance Certificate of completion Registration confirmation

IAAPA Domain

Facility Operations and Safety Financial Management Human Resources and Leadership General Marketing Revenue Operations

Credit hours earned _____

***Note:** certain exceptions apply. Some IAAPA events may not be available for transcript. Contact IAAPA for details.

please initial:

SECTION 4.2 IAAPA PROGRAMS COURSES AND EVENTS (CONT'D)

Title of IAAPA Course/Event: _____

Date(s) of event (mm/yyyy) _____ Location (e.g. IAE 2008 Orlando, FL) _____

Submit the following evidence of attendance Certificate of completion Registration confirmation

IAAPA Domain

Facility Operations and Safety Financial Management General Human Resources and Leadership
Marketing Revenue Operations

Credit hours earned _____

Title of IAAPA Course/Event: _____

Date(s) of event (mm/yyyy) _____ Location (e.g. IAE 2008 Orlando, FL) _____

Submit the following evidence of attendance Certificate of completion Registration confirmation

IAAPA Domain

Facility Operations and Safety Financial Management General Human Resources and Leadership
Marketing Revenue Operations

Credit hours earned _____

Title of IAAPA Course/Event: _____

Date(s) of event (mm/yyyy) _____ Location (e.g. IAE 2008 Orlando, FL) _____

Submit the following evidence of attendance Certificate of completion Registration confirmation

IAAPA Domain

Facility Operations and Safety Financial Management General Human Resources and Leadership
Marketing Revenue Operations

Credit hours earned _____

Title of IAAPA Course/Event: _____

Date(s) of event (mm/yyyy) _____ Location (e.g. IAE 2008 Orlando, FL) _____

Submit the following evidence of attendance Certificate of completion Registration confirmation

IAAPA Domain

Facility Operations and Safety Financial Management General Human Resources and Leadership
Marketing Revenue Operations

Credit hours earned _____

Total credit hours earned Section 4.2 IAAPA Programs Courses and Events _____

To add additional courses, download a supplemental page from the IAAPA web-site:

[Supplemental Form](#)

please initial:

SECTION 4.3 **ATTRACTIONS INDUSTRY CONTINUING EDUCATION**

IAAPA has pre-approved professional development courses offered by IAAPA member facilities, allied attractions industry associations as well as other organizations and academic institutes. A list of pre-approved courses is available on the IAAPA web-site at [add link]. Applicants who have successfully completed these courses can apply credit hours earned to the IAAPA certification program.

SECTION 4.3.1 **PRE-APPROVED COURSES**

Submit a certificate of completion (PDF), a transcript or, letter of confirmation of program completion for each course submitted.

#	Facility / Organization / Association	Title of Program of Course	Date of Completion	# Credit Hours	Domain Code
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Domain code:

HRL = Human Resources and Leadership

FOS = Facility Operations and Safety

MAR = Marketing

REV = Revenue Operations

FIN = Financial Management

GEN = General

Total credit hours earned Section 4.3.1 Pre-approved Courses _____

please initial: _____

SECTION 4.3 ATTRACTIONS INDUSTRY CONTINUING EDUCATION (CONT'D)

SECTION 4.3.2 OTHER PROGRAMS AND COURSES

1. Course Information

Name of Course _____

Date of Course Completion _____ Total Course Hours _____

Course Provider _____

Address _____

City/State/Province _____ ZIP/Postal Code _____

Daytime Phone _____ Website _____

2. Course Instructor Information (Multiple instructors may be listed on a separate page)

Instructor name or correspondence course author's name: _____

3. Course Summary (Please attach a short summary stating the course summary and learning objectives)

4. Course Agenda or Syllabus

Write on a separate sheet of paper or photocopy the agenda or syllabus provided at the class. For correspondence courses, photocopy the title page and table of contents.

5. Certificate of Course Completion (Attach a PDF of the certificate of completion or transcript)

6. IAAPA Domain

Facility Operations and Safety Financial Management General Human Resources and Leadership
Marketing Revenue Operations

Credit hours earned _____

please initial:

SECTION 4.3 ATTRACTIONS INDUSTRY AND CONTINUING EDUCATION (CONT'D)

SECTION 4.3.2 OTHER PROGRAMS AND COURSES

1. Course Information

Name of Course _____

Date of Course Completion _____ Total Course Hours _____

Course Provider _____

Address _____

City/State/Province _____ ZIP/Postal Code _____

Daytime Phone _____ Website _____

2. Course Instructor Information (Multiple instructors may be listed on a separate page)

Instructor name or correspondence course author's name: _____

3. Course Summary (Please attach a short summary stating the course summary and learning objectives)

4. Course Agenda of Syllabus

Write on a separate sheet of paper or photocopy the agenda or syllabus provided at the class. For correspondence courses, photocopy the title page and table of contents.

5. Certificate of Course Completion (Attach a PDF of the certificate of completion or transcript)

6. IAAPA Domain

Facility Operations and Safety Financial Management General Human Resources and Leadership
Marketing Revenue Operations

Credit hours earned _____

Total credit hours earned Section 4.3.2 Other Programs and Courses _____

please initial:

SECTION 5

ASSOCIATION AND INDUSTRY SERVICE

SECTION 5.1 IAAPA SERVICE

Service Type	Committee Name	Term of Service	Years	Credit Hours Earned
E.g. Committee member	Water Park Committee	2007 - 2009	3	3

Maximum credit hours allowable 20 hours

Total credit hours earned Section 5.1 IAAPA Service _____

please initial:

SECTION 6

CREDIT HOURS TOTAL AND APPLICANT AGREEMENT

Domain	Total Number Credit Hours
Human Resources and Leadership	
Facility Operations and Safety	
Marketing	
Revenue Operations	
Financial Management	
General	
TOTAL	

Use the table above to calculate how many hours have been earned in each domain. Minimum number of credit hours in each domain is 5 hours.

Section #	Section Title	Total Number Credit Hours
4.1	Formal Education Total from page 4	
4.2	IAAPA Programs Courses and Events Total from page 6	
4.3.1	Attractions Industry Continuing Education: Pre-approved Courses from page 7	
4.3.2	Attractions Industry and Continuing Education: Other Programs and Courses from page 9	
5.1	IAAPA Service Total from page 10	
5.2	Professional Service to the Industry Total from page 11	
	TOTAL CREDIT HOURS	

APPLICANT AGREEMENT

APPLICANT AGREES THAT: (Check each item)

I certify that all the information contained in this application is accurate and truthful

I understand that additional information may be requested to complete my application review

I understand that all of the information I have provided herein may be verified and I authorize such verification

If certified, I agree to abide by the rules and regulations set forth by the IAAPA Certification Advisory Board, and understand if I ever fail to maintain or have revoked my Certification status, I must immediately cease referring to myself as a Certified Attractions Manager / Leader or Executive and must stop using the ICAM ICAL or ICAE trademark in any manner.

SIGNATURE

Before signing, please review your application for any errors or omissions.

I agree to submit this application by electronic means.
Printed application must be signed in order to be processed.

Name _____

Signature _____

Date ____ / ____ / ____

Return completed application form to:

Rebecca Turner, Vice President
Global Education, Professional Development and Training
International Association of Amusement Parks and Attractions (IAAPA)
1448 Duke Street | Alexandria, VA, 22314 USA
Tel: +1 703/836-4800 | Fax: +1 703/836-6742 | rturner@IAAPA.org

Allow 30 days for processing of application form.

please initial: _____