

# The Fiber Optic Association, Inc.

1119 S. Mission Road, #355, Fallbrook, California 92028 USA

Tel: 1-760-451-3655 Fax: 1-781-207-2421

Email: info@thefoa.org http://www.TheFOA.org

## Advanced and Specialist Certification Application New Application (Not Through Approved School)\*

**Mail or Fax this form to The FOA to apply for certification testing**

One application may be filed for all certification exams requested.

**First Level/Advanced:**  CFospT  CPCT

**CFOS:**  Design  Connectors  Splicing  Testing  FTTx

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Certification/member number \_\_\_\_\_ Expires \_\_\_\_\_

**(must have current CFOT to qualify for these exams)**

**Application Fee \$50 per exam X \_\_\_\_\_ (# exams) = \$ \_\_\_\_\_ (total fees)**

Payment method:

Check/Money Order - payable to The Fiber Optic Association, Inc. (**in US Dollars**)

Credit Card ( fill in below and sign )

Charge to (circle one) VISA / MC / AMEX

Card No. \_\_\_\_\_ Exp.Date \_\_\_\_\_

Authorized signature \_\_\_\_\_

**Please complete the information on the rest of this form.**

## Experience Requirements

### Specialist Training (use reverse side for additional courses)

Class Name \_\_\_\_\_

Course Name \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Field Experience

CFOT Logbook, Years of Experience \_\_\_\_\_

*Field experience must be documented by presentation of the FOA CFOT logbook (<http://www.thefoa.org/LOGBOOK2.pdf>) or equivalent documentation and references. Send copies of the logbook pages with this application.*

### References

Please supply contact information for three references familiar with your work.

### Certification Terms and Conditions:

I certify that the information I have provided on this application is complete and accurate to the best of my knowledge. I authorize The FOA to verify the information by contacting any of the employers or institutions noted on the application. I understand that The FOA may reject any application that contains false information.

I understand that any certification granted by The FOA does not constitute licensure to practice or provide services when required by any relevant law. I understand The FOA certification does not in any way imply that The FOA assumes responsibility or liability for my actions, and I hereby indemnify The FOA from any liability resulting from my actions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Application for Proctoring the Test

Mail or Fax this form to 781-207-2421 with application for FOA Certification Testing

## Applicant For Advanced/Specialist Certification Exam

Name \_\_\_\_\_ Cert/Member # \_\_\_\_\_

Exam(s) to be taken \_\_\_\_\_

## Proctor:

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

The undersigned certifies that they will supervise the applicant while the applicant is taking the FOA Certification Exam noted on the application. *The applicant is to take the exam without assistance from other people or reference materials during the test.*

Proctor's signature \_\_\_\_\_ .Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_ .Date \_\_\_\_\_