

# 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:** +1 703/836-6742

**Email:** econnor@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](http://www.iaapa.org).

For further assistance, contact Eamon Connor at +1 703/836-4800 or econnor@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:

<b>Facility Operations and Safety:</b>	<b>Hours</b> _____
<b>Financial Management:</b>	<b>Hours</b> _____
<b>General:</b>	<b>Hours</b> _____
<b>Human Resources and Leadership:</b>	<b>Hours</b> _____
<b>Marketing:</b>	<b>Hours</b> _____
<b>Revenue Operations:</b>	<b>Hours</b> _____

### 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 5.2 PROFESSIONAL SERVICE TO THE INDUSTRY**

Service Type	Details	Date	Credit Hours Earned
E.g. Presented webinar	"Building a Safety Culture in Your Attraction"	1/31/10	5
E.g. Authored article for relevant industry publication	Funworld Magazine "Best F&B Practices"	1/31/10	5

Maximum credit hours allowable 20 hours

Total credit hours earned \_\_\_\_\_

Total credit hours **Section 5.2 Professional Service to the Industry** \_\_\_\_\_

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	
<b>TOTAL</b>	

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	
	<b>TOTAL CREDIT HOURS</b>	

#### 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:

Eamon Connor  
Director, Education and Certification Programs  
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 | econnor@IAAPA.org

Allow 30 days for processing of application form.

please initial: \_\_\_\_\_