



# IAAPA®

The Global Association  
for the Attractions Industry

# IAAPA CERTIFICATION APPLICATION

**IAAPA CERTIFIED**  
ATTRactions MANAGER

**IAAPA CERTIFIED**  
ATTRactions LEADER

**IAAPA CERTIFIED**  
ATTRactions EXECUTIVE

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

CERTIFICATION LEVEL: \_\_\_\_\_

Current as of July 2019

IAAPA  
4155 West Taft Vineland Road  
Orlando, FL 32827 USA

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## INTRODUCTION

Earning an IAAPA Certification demonstrates to others that you have the commitment, competence, and credibility necessary to serve the attractions industry. Earning an IAAPA certification is the hallmark of a committed attractions industry professional. It drives 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.

## REQUIREMENTS TO EARN A CERTIFICATION

To earn an IAAPA certification, you must have a combination of work experience, supervisory experience, and hours professional development. The below table illustrates the requirements for each of IAAPA's certifications.

REQUIREMENT	IAAPA CERTIFIED ATTRACTIONS MANAGER (ICAM)	IAAPA CERTIFIED ATTRACTIONS LEADER (ICAL)	IAAPA CERTIFIED ATTRACTIONS EXECUTIVE (ICAE)
Work Experience	3 years full-time work experience ( <i>1 of the 3 years within the attractions industry</i> ).	5 years full-time work experience ( <i>3 of the 5 years within the attractions industry</i> ).	10 years full-time work experience ( <i>7 of the 10 years within the attractions industry</i> ).
Supervisory Experience (managing others)	1 year minimum	2 years minimum	5 years minimum
Professional Development	60 hours ( <i>within last 5 years</i> ) ( <i>a minimum of 20 hours must be from IAAPA programs</i> )	140 hours ( <i>within last 7 years</i> ) ( <i>a minimum of 50 hours must be from IAAPA programs</i> ) Or, ICAM plus 80 hours ( <i>within last 4 years</i> )	200 hours ( <i>within last 10 years</i> ) ( <i>a minimum of 70 hours must be from IAAPA programs</i> ) Or, ICAL plus 60 hours ( <i>within last 4 years</i> )
Applicable Job Titles	Lead, Supervisor, Manager	Sr. Manager, Director, Vice President	General Manager, Owner, Sr. VP, EVP, President, Chief Officer

## IF YOU NEED ASSISTANCE

The IAAPA Certification home page has a number of resources available to assist you in completing this application. You can find the home page at [www.iaapa.org/education/iaapa-certification](http://www.iaapa.org/education/iaapa-certification).

Once on the home page you can view the following resources:

- Candidate Handbook
- Credit Hours Estimator
- Certification Application
- Pre-Approved Course List

If you have questions or need help during the application process, please contact Sarah Witze at [SWitze@IAAPA.org](mailto:SWitze@IAAPA.org).

## SECTION 1: APPLICANT INFORMATION

Given/First Name: \_\_\_\_\_

Family/Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

IAAPA Member ID#: \_\_\_\_\_ Country: \_\_\_\_\_

**Please select which certification you are applying for:**

IAAPA Certified Attractions  
Manager (ICAM)

IAAPA Certified  
Attractions Leader (ICAL)

IAAPA Certified Attractions  
Executive (ICAE)

## SECTION 2: PAYMENT

**Payment must accompany this application.** The application fee is USD \$200 for IAAPA members and USD \$400 for non-members. The application fee is non-refundable. If your application is not approved, you will be given one year to resolve any deficiencies and reapply at no charge. After one-year you will need to submit a new application and application fee.

Acceptable methods of payment include credit card, check, bank draft, money order, or wire transfer.

**Please forward payments to Sarah Witze at [SWitze@IAAPA.org](mailto:SWitze@IAAPA.org), or mail them to:**

IAAPA  
Attn: Sarah Witze  
4155 West Taft Vineland Road  
Orlando, FL 32837 USA

**Wire Transfer information:**

Bank of America  
1501 Pennsylvania Ave, N.W.  
Washington, DC 20005 USA

Account: 0020-866-30597  
ABA #: 026009593  
Swift: BOFAUS3N

Reference: IAAPA Certification

Include a copy of the wire transfer confirmation with this form.

**Payment Method:**

Credit Card     Check     Bank Draft     Money Order     Wire Transfer

Name on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Security Code: \_\_\_\_\_

Signature (Charge Authorization): \_\_\_\_\_

SECTION 3: EMPLOYMENT EXPERIENCE

Starting with your most recent employer, list all positions held. Provide enough examples to indicate your years of experience for the certification you are applying for. (Attach a separate page if needed).

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company City: \_\_\_\_\_ Start Date: \_\_\_\_\_

Company Country: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company City: \_\_\_\_\_ Start Date: \_\_\_\_\_

Company Country: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company City: \_\_\_\_\_ Start Date: \_\_\_\_\_

Company Country: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company City: \_\_\_\_\_ Start Date: \_\_\_\_\_

Company Country: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company City: \_\_\_\_\_ Start Date: \_\_\_\_\_

Company Country: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company City: \_\_\_\_\_ Start Date: \_\_\_\_\_

Company Country: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Verification of Supervisory Experience:

I, (print your Supervisors name) \_\_\_\_\_, verify this candidate has completed \_\_\_\_\_ years of supervisory leadership experience in the attractions industry.

Supervisor Signature: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Date: \_\_\_\_\_

If you are the head of the organization, and do not have a supervisor, please have the Head of Human Resources sign in place.

## SECTION 4: FORMAL EDUCATION

If you hold a University degree you may receive credit toward your total hours of professional development. Please see below for how many hours you will receive. You will only receive credit for the highest level of education attained. You will not receive credit for multiple degrees. Attractions industry related degrees include: Attractions/Theme Park, Tourism, Recreation, Hospitality, Hotel, Special Events, Facilities Management only.

Please select (**only one**) your highest level of education attained.

Degree Type:	Attractions Industry Related	All Other Degree's
Associates Degree (2 years post-secondary degree from a University)	<input type="checkbox"/> 10 hours	<input type="checkbox"/> 5 hours
Bachelor's Degree (3 or 4 years post-secondary degree from a University)	<input type="checkbox"/> 15 hours	<input type="checkbox"/> 10 hours
Masters or Doctoral Degree (5 or 6 years post-secondary degree from a University)	<input type="checkbox"/> 20 hours	<input type="checkbox"/> 15 hours

Please attach a copy of the University degree, or transcript to this application. Applications received without supporting documentation will not have these hours counted toward the total professional development hours. A maximum of 20 hours will be granted in this category.

## SECTION 5: PRE-APPROVED COURSES

IAAPA has approved a small number of industry related partners education programs which count toward your total professional development hours. To learn more please visit <https://www.iaapa.org/education/iaapa-certification>.

For each pre-approved course, you have completed, complete the below information. A copy of the course certificate of completion must be submitted with the application. Applications received without the supporting documentation will not have these hours counted toward the total professional development hours. A maximum of 20 hours will be granted in this category.

#	Facility / Organization / Association	Title of Program of Course	Date of Completion	# of Credit Hours
1				
2				
3				
4				
5				
6				
7				
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9				
10				
11				
12				
13				
14				
15				

Attach a separate page if needed.

## SECTION 6: OTHER INDUSTRY PROGRAMS AND COURSES

IAAPA will provide credit hours for completing a variety of other attractions industry related courses, as well as courses offered by your employer.

For each course you have completed, complete the below information. A copy of the course certificate of completion must be submitted with the application. Applications received without the supporting documentation will not have these hours counted toward the total professional development hours. The following organization courses are recognized for credit toward an IAAPA certification.

- National Association of Amusement Ride Safety Officials (NARRSO)
- Ellis and Associates
- Amusement Industry Manufacturers & Suppliers, International (AIMS)
- World Water Park Association (WWA)
- Association of Zoos and Aquariums (AZA)
- In-house professional training/development programs offered by your company as listed in Section 3 of this application.

A maximum of 20 hours will be granted in this category.

#	Facility / Organization / Association	Title of Program of Course	Date of Completion	# of Credit Hours
1				
2				
3				
4				
5				
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Attach a separate page if needed.

## SECTION 7: SERVICE TO IAAPA

You can earn credit hours by serving in a variety of capacities within IAAPA. Examples of service include, serving as an IAAPA Board of Director, committee, sub-committee, or task force member or chairman. A maximum of 20 hours will be granted in this category.

Service Type:	Member	Chairman
IAAPA Committee, Sub-Committee or Task Force	1 hour per year	5 hours per year
IAAPA Board of Directors	5 hours per year	

Use the table below to document your service to IAAPA.

#	Name of the Committee, Sub-Committee or Task Force you served on:	Role (Member or Chairman)	Year of Service
1			
2			
3			
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Attach a separate page if needed.

No documentation for section 7 is required. IAAPA will validate your tenure as you have listed above.



## SECTION 8: SERVICE TO THE INDUSTRY

IAAPA will grant you credit for the professional contributions you have made to the attractions industry. Credit can be earned for the following. A maximum of 20 hours will be granted in this category.

Activity	Hours Granted	Activity	Hours Granted
Presenting an IAAPA Webinar	5 hours	Presenting an education session during any IAAPA Expo.	5 hours
Serving as Faculty for IAAPA face-to-face training	10 hours	Authoring an article for Funworld	2 hours

Submit documentation with this application that supports your service to the industry. Applications received without supporting documentation will not have these hours count to the total hours granted toward the IAAPA certification. Use the below table to document your service to the industry.

#	Activity	Description	Date of Activity	Hours Claimed
1				
2				
3				
4				
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20				

Attach a separate page if needed.

**SECTION 9: IAAPA PROGRAMS, COURSES, AND EVENTS**

Attendance at IAAPA educational programs, courses, and events can earn credit hours toward IAAPA certification.

A **MINIMUM** number of hours in this category is required based on the certification you are applying for.

ICAM – 20 hours

ICAL – 50 hours

ICAE – 70 hours

Documentation is not required for this section. IAAPA will review attendance logs for the events you list below to confirm your attendance at the event. It is your responsibility to list the programs, courses, and events you are claiming credit for. For a list of how many hours each program grants please visit

<https://www.iaapa.org/education/iaapa-certification>.

#	Program/Event	Location	Date	Hours Claimed
1				
2				
3				
4				
5				
6				
7				
8				
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**SECTION 10: SUMMARY AND APPLICANT AGREEMENT**

Please total your hours claimed for each section of the application here:

Section	Title	Hours Claimed	Maximum Hours Granted	Supporting Documentation Required (Yes/No)
4	Formal Education		20	Yes (Diploma or Transcript)
5	Pre-Approved Courses		20	Yes (Certificate of Completion)
6	Other Industry Programs and Courses		20	Yes, (Certificate of Completion)
7	Service to IAAPA		20	No
8	Service to the Attractions Industry		20	Yes, (Varies based on activity)
9	IAAPA Programs, Courses, and Events		n/a	No

**TOTAL HOURS CLAIMED:**

**APPLICATION AGREEMENT:**

I hereby apply to IAAPA for the IAAPA certification listed in section 1 of this application in accordance with and subject to the procedures and regulations of IAAPA. I have read and agree to the conditions set forth in this form, in effect at the time of my application, covering the certification process.

I certify that all the information contained in the application is accurate and truthful. I understand that additional information may be required to complete my application review.

If certified, I agree to abide by the rules and regulations set forth by IAAPA and understand if I fail to maintain or have my certification revoked, I must immediately cease referring to myself as IAAPA Certified Attractions Manager, Leader, or Executive. I must also stop using the trademark in any manner.

I authorize IAAPA to make whatever inquiries and investigations it deems necessary to verify my credentials and my professional background.

I hereby agree to hold IAAPA, its officers, directors, examiners, employees, and agents, harmless from any complaint, claim, or damage arising out of any action or omission by any of them in connection with this application; the application process; the failure to issue me any certificate.

I understand my application fee is non-refundable in the event my application is not approved.

I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR CERTIFICATION RESTS SOLELY AND EXCLUSIVELY WITH IAAPA. I HAVE READ AND UNDERSTAND THESE STATEMENTS AND INTEND TO BE BOUND BY THEM.

I understand and agree to the above statements.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application with supporting documentation as required via email to [SWitze@IAAPA.org](mailto:SWitze@IAAPA.org) or mail to:

IAAPA  
 Attn: Sarah Witze  
 4155 West Taft Vineland Road  
 Orlando, FL 32837 USA

Please allow up to 30 days for processing of application from the time we receive it.



**IAAPA**<sup>®</sup>

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