

The Fiber Optic Association, Inc.
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**FOA Direct Specialist Certification
"Work to Cert" Application**

Application for certification _____(Certification you are applying for)

Cost: Application/examination fee \$100US – payable when you are approved by the FOA to take your certification exam. DO NOT SEND PAYMENT WITH THIS APPLICATION

With your FOA specialist certification application, please submit:

- Your resume showing at least 2 years applicable experience including details of fiber optic projects
- Your Fiber U Certificate of Completion where applicable
- The Proctor Application – page 2 of this application

Name _____ Title _____

Company (if applicable) _____

Street _____

City _____ State _____ Zip _____

Phone _____ email _____

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 my resume. 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 An FOA Certification Test

Proctor Name _____	Title _____
Company _____	
Street _____	
City _____	State _____ Zip _____
Phone _____	Email _____
Relationship to applicant _____ (The proctor may be a supervisor, instructor or teacher, or other professional. It may NOT be a friend, co-worker or relative.)	
Location where the exam will be proctored: _____	
Date exam to be given: _____	
PLEASE ALLOW 7 DAYS NOTICE TO SCHEDULE YOUR EXAM!	
<i>As a Proctor, I agree to the following:</i>	
<input type="checkbox"/> <i>I certify I will be present to supervise the applicant while taking the FOA CFOT exam without assistance from other people.</i>	
<input type="checkbox"/> <i>If for some reason, you or the applicant cannot meet at the designated time or place, the exam should not be administered. Contact the FOA office – staff@thefoa.org - to reschedule the applicant's exam.</i>	
<input type="checkbox"/> <i>I certify that I will follow the guidelines listed above. Failure to do so will void the exam results from the applicant.</i>	
Proctor signature _____	Date _____
Applicant's signature _____	Date _____