

The Fiber Optic Association, Inc.
23811 Washington Ave. C110, #379, Murrieta, CA 92562 USA
Tel: 1-760-451-3655 Fax: 1-781-207-2421
Email: info@foa.org http://www.foa.org

FOA Direct Certification Application (CFOT & CPCT)

“Work to Cert”

Cost: Application/examination fee is \$100US, nonrefundable, paid when taking the exam online using PayPal or credit card. No payment is required with this application. Certification is valid for 3 years before renewal is required.

With your FOA “Work-to-Cert certification application, please submit:

- Your resume showing at least 2 years applicable experience
- Fiber U Certificate of Completion from the “Basic Fiber Optics” or “Premises Cabling” self-study course
- Page 2, the Proctor Application

Name _____ Title _____

Company _____

Street _____

City _____ State _____ Zip _____

Phone _____ Fax _____

email _____

Payment method: payment will be made online (credit card or PayPal) when taking the exam.

<p>*New Applicant Profile: Required for New Members not applying through an Approved FOA School:</p> <p>Fiber Optic Experience (1 yr. required):</p> <p><input type="checkbox"/> Installer/Contractor</p> <p><input type="checkbox"/> Military experience</p> <p><input type="checkbox"/> Instructor/teacher</p> <p><input type="checkbox"/> Other: _____</p>	<p>Trained in (check all that apply):</p> <p><input type="checkbox"/> All installation practices</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Splicing</p> <p><input type="checkbox"/> Pulling cable</p> <p><input type="checkbox"/> Restoration</p> <p><input type="checkbox"/> Testing</p> <p><input type="checkbox"/> Network Design</p> <p>Train. Org: _____</p> <p>Dates Attended: _____</p>
---	--

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!

As a Proctor, I agree to the following:

I certify I will be present to supervise the applicant while taking the FOA CFOT exam without assistance from other people.

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 certify that I will follow the guidelines listed above. Failure to do so will void the exam results from the applicant.

Proctor signature _____ Date _____

Applicant's signature _____ Date _____