

ISA BOARD CERTIFIED MASTER ARBORIST® APPLICATION

There is no deadline for receiving this application because this is a computer-based exam only. If your application is approved, you should receive a confirmation letter. If you do not receive this letter, contact ISA at +1.678.367.0981.

Note: Your name must be listed exactly as it appears on your government issued photo identification. If your name does not match your government issued photo identification, you will not be allowed to take the exam and will forfeit your exam fees.

1.

PRINT YOUR NAME EXACTLY AS IT APPEARS ON YOUR GOVERNMENT ISSUED PHOTO IDENTIFICATION CARD

COMPANY NAME (IF APPLICABLE)

2.

NUMBER AND STREET

LOCALITY/CITY

PROVINCE/STATE

POSTAL CODE/ZIP CODE

The address you indicate will be used for all future correspondence by ISA. In addition, you can elect to have this information published and distributed in ISA Board Certified Master Arborist® lists.

3.

Contact Phone Number _____ Fax Number _____

E-mail Address Required _____

4.

ISA Certified Arborist Identification Number _____ Expiration Date _____

5A.

Member of ISA ☐ Yes ☐ No Identification Number _____

5B.

Member of ISA Chapter ☐ Yes ☐ No Chapter _____

6.

Are you requesting a special accommodation ☐ Yes ☐ No **(If Yes, you must enclose form)**

7.

Some ISA Board Certified Master Arborists® do not wish their names to be distributed to the public or to other interested parties (vendors, potential employers, etc.). If you do **NOT** wish to have your name included in ISA Board Certified Master Arborist® lists for distribution, please indicate here. ☐

8.

Experience (this information is required for application approval)

Category A – ISA Certification Program:

	Points Available _____	Your Points _____
ISA Certified Arborist™	1 point for each year certified	_____
ISA Certified Arborist Municipal Specialist™	1 point	_____
ISA Certified Arborist Utility Specialist™	1 point	_____
ISA Certified Tree Worker Climber Specialist™	1 point	_____
ISA Certified Tree Worker Aerial Lift Specialist™	1 point	_____
ISA Tree Risk Assessment Qualified	1 point	_____
ISA Continuing Education	1 point for every 60 CEUs over the required 30 every three years	_____

Category B – Formal Education

Note: Based on highest level of degree obtained. Must be a completed Degree program related to arboriculture and include a transcript.

	<u>Points Available</u>	<u>Your Points</u>
Two-year associate's degree or equivalent	1 point	_____
Four-year undergraduate degree or equivalent	2 points	_____
Master's or equivalent terminal degree	3 points	_____
Ph.D. or equivalent graduate degree	4 points	_____

Category C – Verifiable Related Credentials

Note: Must include copy of a certificate or letter from certifying agency.

	<u>Points Available</u>	<u>Your Points</u>
ASCA Registered Consulting Arborist	3 points	_____
SAF Certified Forester	1 point	_____
State license or certification in arboriculture or urban forestry	1 point	_____
European Certified Tree Worker	1 point	_____
TCIA Tree Care Academy® Tree Care Specialist™ program completion	1 point	_____

Category D – Professional Work Experience

Note: Documentation of work experience required.

	<u>Points Available</u>	<u>Your Points</u>
Years of experience in arboriculture	1 point for every six years of verifiable work experience	_____
		Total: _____

9. **Category D – Professional Work Experience Expanded**

Documentation of Work Experience is Required for Approval

(You are required to provide one of the following):

1. Employer provided information examples:

- A letter(s) of reference from current or previous Employer(s) which must include:
 - Contact information
 - Job responsibilities
 - Dates of employment
 - Employer signature

2. Self-employed requirements:

- Invoices and/or letters of reference from the past 6 years which must include:
 - Contact information
 - Applicants job responsibilities
 - Dates of work performed
 - Customer experience
-



International Society of Arboriculture

270 Peachtree Street NW, Suite 1900 • Atlanta GA • 30303 • USA
p. +1.678.367.0981 • f. 240.547.1795 • www.isa@isa-arbor.com

Applicant Name: _____

Employer Provided Information (this information is required for application approval)

Current or Most Recent Employer (Company Name) _____

Applicants Position Title _____

Employer Contact Person _____ Phone Number _____

Employer Contact Person's Title _____

Address of Employer _____

LOCALITY/CITY

PROVINCE/STATE

POSTAL CODE/ZIP CODE

List Essential Duties and Responsibilities of Applicant

Applicant Employed:

FROM MONTH YEAR

TO MONTH YEAR

TOTAL TIME

Employer Signature

By signing below, you acknowledge the employment information you provided in this application for the applicant is accurate and complete to the best of your knowledge.

Employer Name _____
PRINT YOUR NAME

Employer Signature _____ Date _____

If there is not enough space to list the required experience with your current and previous employers, please attach an additional sheet.



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Applicant Name: _____

Previous Employer Provided Information (this information is required for application approval)

Previous Employer (Company Name) _____

Applicants Position Title _____

Employer Contact Person _____ Phone Number _____

Employer Contact Person's Title _____

Address of Employer _____

LOCALITY/CITY

PROVINCE/STATE

POSTAL CODE/ZIP CODE

List Essential Duties and Responsibilities of Applicant

Applicant Employed:

FROM MONTH YEAR

TO MONTH YEAR

TOTAL TIME

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PRINT YOUR NAME

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Applicant Name: _____

Previous Employer Provided Information (this information is required for application approval)

Previous Employer (Company Name) _____

Applicants Position Title _____

Employer Contact Person _____ Phone Number _____

Employer Contact Person's Title _____

Address of Employer _____

LOCALITY/CITY

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List Essential Duties and Responsibilities of Applicant

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FROM MONTH YEAR

TO MONTH YEAR

TOTAL TIME

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Employer Name _____
PRINT YOUR NAME

Employer Signature _____

Date _____

If there is not enough space to list the required experience with your current and previous employers, please attach an additional sheet.

10. **Applicant Signature Required for Certification**

By signing below, you acknowledge that you have read and agreed to the terms of the [ISA Board Certified Master Arborist® Code of Ethics](#) and the Certification Agreement and Release Authorization. The information you provided in this application is accurate and complete to the best of your knowledge.

Signature_____

Date_____

ISA communicates with the local chapter or associate organization that administered your exam. We want you to know that we share your contact information and certification exam score, expiration date, and other relevant details with your local chapter or associate organization so they may monitor your certification status and administer certification-related programs and services.