



ISA Certified Arborist® Application

This is your exam application. **You are only allowed to enroll for an exam once this application has been received and approved.** Application review time can vary based on documentation submitted by the applicant and can take at least seven (7) US business days to be processed at each iteration of documentation that is submitted by the applicant. Please note that this time frame does not include delivery time for applications being sent by mail courier or through an ISA component.

You will be contacted when your application is approved or if we need more information for processing. Please note that application information will only be sent to or discussed with the candidate who is applying. If you would like to release your information with other parties, please contact us at isa@isa-arbor.com to request a Request of Information release form.

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

Please complete all the fields in this application. Incomplete applications have to be returned to the applicant.

1. Your name: _____
(*exactly as it appears on your government issued photo identification card*)

Company name (if applicable): _____

2. (*The address you indicate on this form will be used for all future correspondence by ISA.*)

Address (*number and street*): _____

Locality/City: _____ Province/State: _____

Postal/Zip code: _____ Country: _____

3. Phone number: _____ Fax number: _____

Email address (*used for enrollment*): _____

4a. Member of ISA? ☐ Yes ☐ No Member identification number: _____

4b. Member of ISA Chapter? ☐ Yes ☐ No Chapter name: _____

5. Are you requesting a special accommodation? ☐ Yes ☐ No
(*If yes, you must complete the [Accommodation form](https://bit.ly/ISAaccommodations) (bit.ly/ISAaccommodations) and enclose with your application*)

6. Some ISA Certified 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 Certified Arborist lists for distribution, please check here. ☐

7. Educational Experience (*Must be a completed degree program related to arboriculture and enclose a transcript.*)

Jr College/University name: _____

Locality/City: _____ Province/State: _____ Postal/Zip code: _____

Start of enrollment (month/year): _____ End of enrollment: _____ Total months: _____

☐ I have enclosed a copy of my transcript.

8. Documentation of work experience (*You are required to provide at least one of the following:*)

A. Proof of experience confirmed through a previous or current employer:

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

B. Proof of experience confirmed through self-employment:

- Invoices and/or letters of reference from the past three (3) years which must include:
 - Contact information
 - Applicants job responsibilities
 - Dates of work performed
 - Customer experience

9. Applicant signature

By signing, you acknowledge that you have read and agreed to the terms of the [ISA Certified Arborist® Code of Ethics and the Certification Agreement and Release Authorization](https://bit.ly/ISAcodofethics) (bit.ly/ISAcodofethics). By submitting this application, you hereby affirm that the information included here is true and correct to the best of your knowledge.

Applicant name (print your name): _____

Applicant signature: _____ Date: _____

Examinees may be prohibited from taking an ISA credentialing examination or be denied, revoked, or asked to retake an exam for falsification of an application or misrepresentation.

ISA communicates with the local chapter or associate organization that administered your exam. We want you to know that we share your contact information, 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.

Documentation of Work Experience from Employer

This page must be completed by your current and/or past employer(s) to document eligibility requirements for the chosen ISA certification program application.

Please complete all the fields in this application. Incomplete applications have to be returned to the applicant.

COMPLETED BY EMPLOYER | COMPLETED BY EMPLOYER | COMPLETED BY EMPLOYER

Applicant's name: _____

Company name: _____

Employer contact person's name: _____

Employer contact person's title: _____ Employer contact person's phone: _____

Company address (*number and street*): _____

Locality/City: _____ Province/State: _____

Country: _____ Postal/Zip code: _____

Applicant's title: _____

List applicant's essential duties and responsibilities:

If there is not enough space to list the required experience, please attach an additional sheet.

Applicant employed from (*month/year*): _____ Employed to (*month/year*): _____

Total time : _____

Employer Signature

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

Employer contact's name (*print your name*): _____

Employer contact's signature: _____ Date: _____