Notice: Beginning June 1, 2015 ISA will begin requiring objective verification of candidate eligibility. This means candidates claiming eligibility from work experience or educational background will be asked to provide the following:

- Transcripts for your relative education
- Dated invoices from each year of work experience
- Employer provided information

The candidate will only need to provide documentation for the eligibility experience they are claiming. For example, if exam eligibility is based on 3 years full time work experience then invoices or letters of reference will suffice. Applications that do not include the required documentation will be denied and returned to the candidate.
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Purpose and Scope of the ISA Certified Arborist Municipal Specialist® Program

Certification is a voluntary program that results in peer recognition of your professional knowledge and skill. Becoming ISA Certified also builds your self-image. By studying for and passing the certification exam, you demonstrate a thorough knowledge of and dedication to correct arboriculture practices. Certification provides the public and those in government the opportunity to make an informed selection of services based on the expertise represented by your credential. The process of becoming ISA Certified and maintaining the designation provides personal incentive to continue your professional development. Certification is also a tool to assist employers in training their existing personnel and selecting new employees.

Exam Content and Objectives

The certification examination was developed by a panel of experts from the Society of Municipal Arborists. Questions were derived from a job task analysis survey filled out by municipal arborists from around the world. Questions are continually analyzed by the ISA Certification Test Committee using the latest test statistics, and new questions are always being developed. Questions that do not perform satisfactorily are removed from the question bank. Updated examinations are created on a regular basis.

The written exam content is divided into six areas of knowledge:

1. Communication Skills .................. 11%
2. Public Relations and Education......... 6%
3. Administration ................................ 16%
4. Risk Management ........................ 30%
5. Arboricultural Practices ................ 20%
6. Policy and Planning ....................... 17%

The objectives of the Certification Program are:

- Improve technical competency of personnel in the tree care industry;
- Create incentives for individuals to continue their professional development;
- Provide the public and those in government with a means to identify professionals who have demonstrated through a professionally developed exam that they have thorough knowledge and skill in tree care practices.

Participant Eligibility Requirements

The ISA Credentialing Council requires a candidate to be an ISA Certified Arborist® and have a minimum of three additional years of documented and verifiable work experience in a position managing the establishment and maintenance of urban trees. Acceptable experiences will include the practical use of knowledge involved in communication skills, public relations, administration, risk management, arboricultural practices, and policy and planning in a municipal setting. Examples of experience sources include, but are not limited to, the following:

- city/municipal arborist
- city/municipal forester
- tree warden
- urban forester
- urban forestry specialist
- park superintendent
- municipal/urban forestry consultant

Documentation of work experience is required with submittal of application. Letter(s) of reference from your current or previous Employer(s) is acceptable.

If you are self-employed or own your own company, you will be required to submit three letters of reference with your application. References may be in the form of copies of invoices, contracts, and/or business licenses.

By submitting your application, you authorize ISA to contact the practical experience reference(s) named on your application to substantiate your eligibility.

Examination Format

The examination is made up of 115 multiple-choice questions. Each question has four possible answers listed, only one of which is correct. You will have two hours (120 minutes) to complete the written exam.

You must pass the exam to obtain the certification.

Pretesting of Exam Questions

Within the written exam, there will be 15 new questions that have not been used on previous exams. Inclusion of these questions allows for collection of meaningful data about development of new exam questions. Responses to these questions are not used in determining individual exam scores. These 15 questions are not identified and are scattered throughout the exam so that candidates will answer them with the same care as the questions that make up the scored portion of the exam. This methodology assures candidates that their scores are the result of sound measurement practices and that scored questions reflect current practice.
Application Process

Exam Dates and Locations
ISA Certified Arborist Municipal Specialist® exams are offered through an ISA chapter- or associate organization-sponsored exam or through a Pearson VUE testing center. For information on dates and locations of ISA chapter- or associate organization-sponsored certification exams in your area, contact ISA or visit the ISA Events Calendar at www.isa-arbor.com/events/eventsCalendar. To find out if a Pearson VUE testing center is close to you, visit http://www.pearsonvue.com/isa/locate/.

Fees
Candidates who are members of ISA and their local chapter or associate organization receive an exam discount. If the exam is an ISA chapter- or associate organization-sponsored exam, and your ISA Certified Arborist® credential expires within:
- 25 to 36 months, the fee is $120 USD for members and $260 USD for nonmembers;
- 13 to 24 months, the fee is $95 USD for members and $235 USD for nonmembers;
- 0 to 12 months, the fee is $75 USD for members and $215 USD for nonmembers.

In addition to the exam fee, there is a computer-based testing administrative fee of $125 USD for those who elect the computer-based option. The administrative fee applies each time a computer-based exam is scheduled.

To be eligible for the discounted rate, a candidate must be a current member of ISA and a current member of an ISA chapter or associate organization.

ISA certification fees are separate and distinct from ISA membership dues and from ISA chapter or associate organization dues.

Certification Agreement and Release Authorization
All applicants are required to review and accept the Certification Agreement and Release Authorization found at the end of the application. Your signature confirming review and acceptance of these terms is required for certification.

Submission of Application
Becoming a Certified Arborist Municipal Specialist® is a two-step process through your MyISA website account.

1. Apply to sit for a certification exam.
2. After your application is approved, you may enroll to take the exam.

If you do not have an ISA website account you can create one at https://www.isa-arbor.com/myAccount/login.

A completed application must be submitted through your MyISA Profile account by choosing the Applications link, http://www.isa-arbor.com/myaccount/myprofile/CAPS, and selecting Create Application.

Once your completed application has been reviewed, you will be notified by ISA of your application approval or denial through e-mail. You may check the Applications section at any time to determine your status or view old applications. If denied, you must complete a new application when applying for a credential.

Once approved you must enroll into the exam by selecting either the enrollment link within the approval e-mail or within the Applications section of My Profile. Enrollment will include the processing of applicable exam fees. Enrollment and payment must be received on or before the deadline date. ISA does not provide refunds for exam enrollments. There are no exceptions to this policy.

There is no deadline date for computer-based exams. For ISA chapter- or associate organization-sponsored exams, the deadline date is 12-US business days prior to the scheduled exam date.

If you have questions or difficulties with the application or enrollment process, contact ISA.

Due to the complexity of the application process, onsite registrations are not available for ISA exams.

ISA has the right to contact any person or organization as part of the review of your application. By applying, you authorize the release of any information requested by ISA for the purpose of reviewing your application. ISA has the right to notify appropriate organizations if your application contains false information.

Confirmation
You will be notified when your enrollment has been processed. After you have been successfully enrolled, you will receive a confirmation packet with a letter containing the location, date, time of the exam, and the name of the appropriate contact person. For computer-based exams held through Pearson VUE, you will receive instructions via email on how to schedule a date and time with the computer-based testing vendor. The vendor will then send you a confirmation including the location, date, and time of the exam. You are provided a 90-day authorization period to schedule and take the exam.
Rescheduling Exam or Additional 90-Day Authorization Period Requests

If circumstances change after you have applied for the examination, you must request in writing to have the exam rescheduled or request an additional 90-day computer-based authorization period. A fee of $50 USD applies to both types of requests. ISA chapter- or associate organization-sponsored exam requests must be received prior to the 12-business-day deadline. Additional 90-day computer-based authorization requests must be received within the candidate’s current 90-day authorization period. If the request does not reach ISA before the ISA chapter- or associate organization-sponsored exam deadline date, or is beyond the 90-day authorization period, or the candidate fails to schedule an exam within the 90-day authorization period, the candidate will be considered a no-show and all exam fees will be forfeited. If the scheduled date was your free retake, your free retake will be forfeited.

If you need to reschedule an exam date within your current 90-day authorization period with the computer-based testing vendor, you may do so no later than one business day prior to the scheduled exam date. If contact is made in less than one business day, you will be considered a no-show and will forfeit all exam fees. Registrations are not transferrable to another person.

If you need to reschedule the exam, you may do so by contacting Pearson VUE via phone or through their web site http://www.pearsonvue.com/isa/contact/. If rescheduling during the weekend, you must do so directly through their web site.

Preparing for the Exam

ISA’s Municipal Specialist Certification Study Guide (Matheny and Clark, 2008) is intended to serve as a recommended program of study. Additional references are as follows:

- Newsom et al., 2009. This Is PR: The Realities of Public Relations.

Most of these publications are available from ISA.

Note: The Municipal Specialist Certification Study Guide, published by ISA, should NOT be considered the sole source of information for the certification examination.

The publications referred to above can be purchased from ISA at +1.217.355.9411 or www.isa-arbor.com, and also through your local ISA chapter or associate organization.

At the Exam

**Admission**

To be admitted for testing, you must arrive at the testing site on time and have your identity confirmed by providing two forms of valid identification. One form of identification will be a valid photo identification card and the other form will be an identification card displaying your signature. The exam host will check your photo identification. If you do not have photo identification with you at the check-in time of the exam, you will not be allowed to sit for the exam and will be considered a no-show.

There will be audio and video taping at the testing centers. If you are not prepared to be taped, you will not be allowed to test at the facility.

**Site Rules**

- The exact time, date, and location of the course will be enclosed in your confirmation packet. You must be on time, as the exam will begin promptly. Report to the exam site at least 30 minutes before the exam starts.
- Dress appropriately. While every attempt is made to provide a comfortable classroom atmosphere, heating or cooling systems may not function properly. Outdoor weather conditions may vary.
- Visitors are not allowed into the exam.
• Books, papers, and other reference material will not be allowed in the testing area.
• No cell phones, pagers, or personal digital assistants will be allowed in testing area.
• No food or beverages may be taken into the exam.
• No smoking will be allowed in the testing area.
• You will be permitted to take restroom breaks on an individual basis. Time spent on breaks will come out of the time permitted for completing the exam.
• During the exam:
  » Writing on the test booklet is not allowed.
  » If you are caught looking at another individual’s exam or talking during the exam, scores may be invalidated or exam materials confiscated.
  » Applicants who are impaired by the use of alcoholic beverages or illegal drugs, or use them at the examination site, will be immediately disqualified from taking the examination.
• It is of utmost importance that you carefully follow all directions and regulations. Listen carefully to all instructions given by the exam administrator, and follow the directions completely.

Inappropriate Application and Examination Conduct
ISA intends that participation in its certification programs will be a professionally relevant, informative, and rewarding experience for all candidates. All participants in ISA certification exams are expected to conduct themselves in an appropriate and professional manner and to refrain from any objectionable, improper, or unprofessional conduct. To ensure fairness in an examination environment, the following policy and rules apply:
• When an ISA or ISA-designated representative finds that a candidate has engaged in inappropriate conduct or behavior, ISA reserves the right to respond with actions including, but not limited to, the following:
  » Rejecting an application for qualification
  » Preventing or precluding a person from participating in an examination, including removing a person from the testing site
  » Invalidating or nullifying examination results
  » Issuing and enforcing any other lesser response or action determined to be appropriate or necessary for the circumstances.

Inappropriate conduct or behavior includes, but is not limited to, misrepresentation; failure to disclose requested information; cheating; unauthorized possession, use, or distribution of copyrighted or legally protected material; verbal or physical disturbances of the examination; failure to pay fees in a timely manner; and any other objectionable, improper, or unprofessional actions by a person participating in the ISA certification process.
• By submitting an application for certification, each participant acknowledges that he/she understands and agrees to the terms of this policy.

Failure to Attend Examination or Schedule within a 90-Day Authorization Period
No refunds or discounts will be issued if you do not attend the examination. There are no exceptions. If you do not reschedule your appointment or request an authorization extension within the required timeframe, and you do not show up to take the exam at your scheduled time and location, you will be considered a no-show. This will result in losing your one free retake or forfeiting your exam fees. If this happens, you will have to resubmit your application along with the required retake fees and, if elected, the computer-based administrative fee of $125 USD. You will have only one year from the first scheduled exam date to retake the exam at the retake fee of $75 USD. Once you have exceeded the one year, you will be required to pay the full exam fee, along with the $125 USD computer-based administrative fee if you elected the computer-based option.

Obtaining the Certification
Requirements for Completion
To obtain the credential, you must achieve the required passing score for the examination. The passing score is 72 percent.

When you receive your exam results, please remember that the domains are weighted, and the average of the domains will not be equal to the overall score.

Once certified, you will receive the designation of ISA Certified Arborist Municipal Specialist®.

If you do not achieve an overall passing score, you must retake the exam until an overall passing score is achieved.

Your certification is personal to you and may not be transferred or assigned to any other individual, organization, or entity. When publicizing your credential, you must comply with the requirements in the ISA Branding and Style Guide, found at http://www.isa-arbor.com/BrandingGuide.
Exam Scoring

The computer-based exams are graded by the testing vendor. ISA chapter- or associate organization-sponsored written exams are graded at ISA Headquarters. ISA will notify you of your detailed results. You may access a brief overview of your results by logging into MyISA on the ISA website and selecting Exam Results under My Profile.

Examination Results and Notification of Certification

Computer-based exams provide result notification immediately upon completion of the exam. Your formal results will be sent approximately six weeks after your exam date. You will be notified of your pass/fail result; percentage scores will be provided for each domain for your information. Those who pass will receive a congratulatory letter, score sheet, certificate, identification card, hard-hat decal, and patch.

Your results are confidential. Results cannot be obtained over the phone or by fax.

If you have questions concerning your exam results, direct them in writing to the ISA Credentialing Department at isa@isa-arbor.com. Because of the need to maintain test security, exam booklets cannot be made available for review of the questions and answers, and the ISA Credentialing Department does not provide a list of questions that were answered correctly or incorrectly. The only information available regarding your performance on the exam is provided on your score report.

Request for Regrading of Examination

If you believe that an error was made in the grading of your exam, you may request to have your exam regraded. A fee of $35 USD applies for each hand-graded score report. Requests for regrading may take up to six weeks for completion. If you request to have your exam regraded, you may not schedule another exam until after you receive the regrading results. If you wish to have your exam regraded after receiving your initial score report, please contact isa@isa-arbor.com.

Retaking the Examination

If you do not pass the exam, you will receive a failure notification and details for retaking the exam.

You are allowed one free retake and then a $75 USD fee per retake up to one year from the original date that you took the exam. If you do not attain a passing score within one year of the original exam date, you will be required to pay the full fee amount. Each time a computer-based exam is selected, the $125 USD administrative fee applies.

What May Be Stated About Certification Holders

By passing the exam, holders of ISA certifications have demonstrated a broad base of knowledge in the area in which they are certified. No other conclusions may be drawn concerning certification holders. ISA certifications do not represent licensure, registration, or other authorization to practice or to conduct business activities for a fee or otherwise.

The ISA Certified Arborist Municipal Specialist® credential is subject to ongoing requirements, such as participation in continuing education activities and terms of the Certification Agreement and Release Authorization. There is no code of ethics requirement for this credential.

Expiration and Recertification

ISA Certified Arborist Municipal Specialist® certification is valid for three years. To retain certification after each three-year period, an ISA Certified Arborist Municipal Specialist® must recertify. The ISA Certification Program offers two methods of recertification. The first method is to retake and re-pass the certification exam. The second option is to accumulate at least 42 continuing education units (CEUs) over the three-year certification period that relate to the six tested domains on the exam and pay the recertification fee. Thirty of the CEUs are for the ISA Certified Arborist® credential, and a minimum of 12 CEUs are for the ISA Certified Arborist Municipal Specialist® credential. The 12 CEUs must be related to the six domains.

The CEU requirement varies for your first certification period as an ISA Certified Arborist Municipal Specialist®. During that time, if your ISA Certified Arborist® credential expires within:

- 25 to 36 months, you are required to obtain 30 CEUs for the ISA Certified Arborist® credential and a minimum of 12 CEUs for the ISA Certified Arborist Municipal Specialist® credential;
- 13 to 24 months, you are required to obtain 30 CEUs for the ISA Certified Arborist® credential and a minimum of 6 CEUs for the ISA Certified Arborist Municipal Specialist® credential;
- 0 to 12 months, you are required to obtain 30 CEUs for the ISA Certified Arborist® credential and none for the ISA Certified Arborist Municipal Specialist® credential.

Candidates who are members of both ISA and their local chapter or associate organization receive a discount on their recertification fees. The non-member recertification
fee is $205 USD. For members, the recertification fee is $65 USD.

Please visit http://www.isa-arbor.com/Credentials/Maintaining-Credentials for detailed information on maintaining your credential. You may contact ISA at isa@isa-arbor.com if you need further clarification.

Notify ISA promptly if your contact information changes. We are not responsible for undeliverable notifications.

You have the option of checking your CEUs online via the ISA website. To obtain a username and password to access your CEU report, please email ISA at isa@isa-arbor.com.

CEUs and proper payment must be received in the ISA office in a timely manner. Allow four to six weeks for processing and posting to your account.

Denial, Revocation, and Decertification

Your certification may be denied or revoked for any of the following reasons:

- Falsification of application
- Violation of testing procedures
- Misrepresentation of your identity or other information

In the event that your ISA certification is denied or revoked or you otherwise become decertified, you must immediately stop using and/or displaying the ISA certification mark, credential, and any other designation indicating an affiliation with the ISA Certification Program. You must comply with any additional directives of the ISA Certification Program.

Nondiscrimination

The ISA Certification Program does not discriminate in determining eligibility on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.

Accommodations for Participants with Disabilities

It is the intent of ISA to provide accessibility to ISA exams to any qualified participant with a documented disability upon reasonable notice and without requiring ISA to take action which would result in a fundamental alteration in the nature of the exam or an undue financial burden to ISA.

If you have a special need and require an accommodation for an exam, please complete the Special Accommodations Request Form at http://www.isa-arbor.com/Accommodations and submit it with your application or retake form. Your request will be reviewed and you will be notified of a determination. Approved accommodations are provided through our computer-based vendor at no additional charge to you.

Appeals and Complaints

Complaints and appeals are accepted and resolved in accordance with the ISA Credentialing Appeals and Complaints policy, available at www.isa-arbor.com/Credential-Appeals.

Privacy

By applying for an ISA certification, you authorize ISA to make your contact information available to your local chapter or associate organization and our professional affiliates so they can share information with you about educational seminars and other events.

ISA shares your contact information, pass/fail exam result, expiration date, and other relevant details with your ISA chapter or associate organization so that they may monitor your credential status and administer credential-related services.

Your name, location, and credential will be available to members of the public on the ISA web site.

Some credential holders 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 on the ISA web site or on distribution lists, contact the ISA Credentialing Department at isa@isa-arbor.com.

You will be notified of whether or not you passed the certification examination, but your score will not be disclosed to any third party except as noted above. Your status as a certification holder, past or present, and dates of certification may be disclosed to third parties.
ISA CERTIFIED ARBORIST MUNICIPAL SPECIALIST® APPLICATION

This application must be received at least 12 WORKING DAYS prior to the date of the chapter or associate organization exam for which you are applying. There is no deadline for the computer-based exams. If your application is approved, you should receive a confirmation letter. If you do not receive this letter, contact ISA at +1.217.355.9411.

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 Certified Arborist Municipal Specialist® lists.

3. Contact Phone Number ___________________________ Fax Number ___________________________

E-mail Address Required for Enrollment ___________________________

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 Certified Arborist Municipal Specialists® 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 Municipal Specialist® lists for distribution, please indicate here. ☐

8. 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 3 years which must include:
  - Contact information
  - Applicants job responsibilities
  - Dates of work performed
  - Customer experience

(Rest of Page Intentionally Left Blank)
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______________________________________

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

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

<table>
<thead>
<tr>
<th>Previous Employer (Company Name)</th>
<th>Applicants Position Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer Contact Person</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer Contact Person’s Title</th>
<th>Address of Employer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LOCALITY/CITY</th>
<th>PROVINCE/STATE</th>
<th>POSTAL CODE/ZIP CODE</th>
</tr>
</thead>
</table>

List Essential Duties and Responsibilities of Applicant

Applicant Employed:

<table>
<thead>
<tr>
<th>FROM MONTH</th>
<th>YEAR</th>
<th>TO MONTH</th>
<th>YEAR</th>
<th>TOTAL TIME</th>
</tr>
</thead>
</table>

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.*
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

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.
9. **Applicant Signature Required for Certification**

By signing below, you acknowledge that you have read and agreed to the terms of 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 so they may monitor your certification status and administer certification-related programs and services.
Certification Agreement and Release Authorization

The International Society of Arboriculture, Inc. (ISA) is a voluntary, non-profit, professional association. The ISA Certification Program certifies qualified practitioners in the field of arboriculture who have met the professional knowledge standards established by the ISA.

As an applicant or certificant:

1. I acknowledge that I have read and understand all of the terms and conditions of ISA Certification as defined in the ISA Certified Arborist Municipal Specialist® Application Handbook and in policies of the ISA Certification Program.

2. I agree not to release confidential examination materials or participate in fraudulent test-taking practices.

3. I understand that the ISA Certification Program is separate and distinct from all other ISA programs and services. ISA Certification is not the same as ISA membership. Unless I am also an ISA Member, I cannot use any ISA Member marks or logos.

4. I agree to provide the ISA Certification Program with complete and accurate information related to my certification application and certification, including all changes to home or business address, telephone, or e-mail within sixty (60) days of such a change.

5. I agree that the ISA Credentialing Department has the right to contact any person or organization as part of the review of my initial application. I authorize the release of any information requested by ISA for the purpose of reviewing my application. I agree that ISA has the right to notify appropriate organizations if my application contains false information.

6. I understand that maintaining my ISA Certification is based on my fulfillment of all certification and recertification requirements.

7. I understand that certification granted by ISA does not represent licensure, registration, or other authorization to practice or to conduct business activities for a fee or otherwise.

8. I agree to indemnify and hold ISA and its agents, employees, representatives, and successors harmless against and release them from any and all third party claims, suits, complaints, losses, or liability (claims) (including attorney fees) arising out of or related to my ISA certification, my use and/or display of ISA Certification Program credentials or designations or references to the ISA Certification Program, my professional activities and services, or my other business activities.

9. I understand that ISA certification is personal to me and may not be transferred or assigned to any other individual, organization, or entity. With respect to my use and/or display of ISA certification marks in connection with professional business activities, I agree to comply with all applicable ISA policies, including ISA Certification Program Policy and Procedure Statement No. 0016, and as may be amended in the future.

10. After being granted ISA Certification, I understand that ISA may be asked by individuals or organizations to verify my certification, including dates of certification, and I agree that such information may be released.

11. I agree that ISA may publish certain professional information concerning me on the ISA Internet site, including my employer and business contact information. I may opt out of having this information published by contacting the ISA Credentialing Department at isa@isa-arbor.com. I further agree that information contained in my application for ISA certification may be used for research and statistical purposes.

12. In the event that my ISA certification expires, is suspended, or is revoked, I agree to immediately stop using and/or displaying the ISA Certified Arborist Municipal Specialist® certification mark, credential, and any other designation indicating an affiliation with ISA Certification. I agree to comply with any additional directives of the ISA Certification Program.

13. ISA retains sole ownership of all certificates and identification cards issued to the credential holder.
 ISA Membership Application

ISA Membership dues are valid for 12 months from date of processing or your current expiration date. Memberships are non-transferable and non-refundable.

Name: ________________________________ Certification ID or CSID (if known): ____________________________

Member street address: ____________________________ City: __________________ State/Province: ______ Zip/Postal: ___________ Country: ____________________________

Phone: ____________________________ Company: __________________

E-mail: __________________

Year of birth: ____________________________ (required only for senior membership)

<table>
<thead>
<tr>
<th>Select Type</th>
<th>□ Professional</th>
<th>□ Senior</th>
<th>□ Associate</th>
<th>□ Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price</td>
<td>US $135</td>
<td>US $70</td>
<td>US $70</td>
<td></td>
</tr>
</tbody>
</table>

Eligibility Requirements

Anyone in good standing with ISA who wishes to help promote the professional practice of arboriculture. Must be 62 or older, retired or working less than 15 hours and have been an ISA member for 10 years. Must have a permanent residence in a province or country where English is not the official country language. Must be a student approved for membership in the local chapter or meet additional requirements below.

Additional Requirements/Information

None Must submit a letter or email stating individual meets all of the above requirements; Send email to isa@isa-arbor.com. None If joining through ISA, include copy of current or upcoming schedule with a minimum of six credit hours in courses of study related to arboriculture.

Magazine Options

*Unless online only is selected below

One bimonthly print edition included; Online access to both magazines. One bimonthly print edition included; Online access to both magazines. Restricted to online access to both magazines. Online access to both magazines.

Select magazine type:

- Arborist News (AN)
- Arboriculture & Urban Forestry (AUF)
- AN and AUF ($30 Extra)
- Online only (Access to online publications only)

☐ I would like to receive a PRINT copy of the Membership Directory. ☐ I would like to receive a printed ISA Product Catalog.

ISA COMPONENT MEMBERSHIPS (Optional) Prices subject to change. Prices shown as: Component Price/Student Price

☐ Atlantic, $70/$30 (NB, NS, PE, NL)
☐ Austria, $110/$30
☐ Brazil, $75/$30
☐ Dutch, $80/$80
☐ Florida**, $30/Fee
☐ Hong Kong, $20/Fee
☐ Illinois, $45/$25
☐ Indiana, $40/$25
☐ Iowa, $50/$5

☐ Italy, $80/$60
☐ Kentucky, $40/$5
☐ Michigan, $79/$10
☐ Mid-Atlantic**, $50/$25 (DC, MD, VA, WV)
☐ Minnesota, $40/Fee (MN, WI, IA, NE, SD)
☐ New England, $35/$15 (CT, ME, MA, NH, RI, VT)

☐ New Zealand, $115/$20
☐ Ohio, $45/Free
☐ Ontario, $110/$75
☐ Pacific Northwest**, $50/$30 (AK, ID, OR, WA)
☐ Penn-Del, $47/$30
☐ Quebec, $85/$40
☐ Rocky Mountain, $52/$25 (CO, MT, NM, WY)

☐ Southern, $30/Fee (AZ, AR, GA, LA, MS, NC, PR, SC, TN, VI)

☐ Spain, $80/$40
☐ Texas**, $45/$30
☐ Utah, $45/Free
☐ Western**, $50/$25 (AZ, CA, HI, NV)

☐ Wisconsin, $45/$15
☐ ISA Student Only, $30

**Add $10 for chapter-only memberships.

***Add $20 for chapter-only memberships.

The following chapter memberships expire on December 31 annually. (31 December) Prices shown as: Chapter Price/Student Chapter Price

☐ Czech Republic, $55/$35
☐ Denmark, $115/$55
☐ Germany, $135/$30
☐ New Jersey, $35/$30
☐ New York, $65/$15
☐ Norway, $69/$30
☐ Prairie, $100/$15 (AR, MB, SK-Canada)

☐ Sweden, $70/ $46

The following chapter memberships expire on December 31 annually. (31 December) Prices shown as: Chapter Price/Student Chapter Price

<table>
<thead>
<tr>
<th>Utility Arborist Association (UAA)</th>
<th>$40</th>
</tr>
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<tbody>
<tr>
<td>Arboricultural Research and Education Academy (AREA)</td>
<td>$35</td>
</tr>
<tr>
<td>Society of Commercial Arboriculture (SCA)</td>
<td>$35</td>
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<tr>
<td>Society of Municipal Arborists (SMA)</td>
<td>$85</td>
</tr>
</tbody>
</table>

**Please read and complete the reverse side of this form.**

Total: [$]
DEMOGRAPHIC INFORMATION

Please select your Consolidated Areas of Practice (Circle Primary Group)
Commercial/Residential/Tree Company • Municipal/Urban Forestry/Public Works/Government • Utility/Vegetation Management • Education/Training/Research/Extension • Landscaping/Landscape Architecture/Nursery • Supplier/Manufacturer • Other

Please select all the Job Functions that apply
Consultant • Educator • Landscape Architect/Horticulturist • Marketing/Sales • Municipal/Urban Forester • Owner/President • Researcher • Student/Apprentice • Supervisory/Management • Trainer • Tree Worker/Climber/Technician • Other

Gender: Male □ Female □

PAYMENT INFORMATION
Dues and payments are not deductible as charitable contributions for income tax purposes, although may be deductible as an ordinary business expense. No portion of your dues payment is used for lobbying purposes.

NOTE: Member dues payable in U.S. funds drawn on a U.S. bank. Members outside the U.S. wishing to pay in local currency should contact the chapter in your area. All membership prices subject to change without notice.

Payment type (Check one): □ Check □ Visa □ MasterCard □ American Express

Check number: ___________________________ Expiration date

CC #: ___________________________ ___________________________ Name on card: ___________________________

Billing address same as member street address □
Billing address of card holder: ___________________________ Zip/Postal: ______________

Signature: ___________________________ (Only if paying by credit card)

WHAT CAN I EXPECT?

Once your ISA membership has been processed, you will receive:

1. Two emails sent to the email address you provided on this application which will include:
   • Your electronic receipt
   • A welcome email providing:
     • Your ISA username and instructions on how to obtain your ISA password which will allow you access to the ISA members-only website.
     • Details on how to update your ISA information sharing preferences as you are initially opted in to all categories. It is important that you log in to your member account to make any changes.

2. Membership packet sent to the address listed on this application containing:
   • Information on how to maximize your ISA membership benefits.
   • Special “Thank You” coupon.

Please note: By joining ISA, you agree to the Code of Ethics as found on our website and you authorize ISA to make your contact information available to chapters, associate organizations, and our four Professional Affiliates so they can share information with you about educational seminars and other arboriculture purposes.

Thank you for helping to make the world a better place, one tree at a time.

Return completed application to ISA at PO Box 3129, Champaign, IL 61826-3129 or fax to +1 217.355.9516
To join online visit www.isa-arbor.com

International Society of Arboriculture
www.isa-arbor.com • p. +1 217.355.9411 • isa@isa-arbor.com