



# CERTIFICATION EXAM APPLICATION

## 1. ASQ MEMBERSHIP NUMBER

If you are not an ASQ member, leave blank

## 2. NAME/ADDRESS INFORMATION

Mr.  Ms.  Mrs.  Dr. (Print clearly or type)

First Name	Middle Initial	Last Name
Home Address		Apt./Ste.
City, State/Prov., Zip/Postal Code		Country
Home Area Code and Telephone Number		
Employer Name	Your Title	
Employer Address		Apt./Ste.
City, State/Prov., Zip/Postal Code		Country
Bus. Area Code and Telephone Number		Fax Number
Email Address		

## 3. FEE Check the applicable box below.

Friday, November 6, 2015 Exam Day

	Retake	ASQ Member	Nonmember
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CHA</b>	<input type="checkbox"/> \$219	<input type="checkbox"/> \$219	<input type="checkbox"/> \$219
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prices above are in U.S. dollars.

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## EXAMINATION DATES

Your application, payment and supporting documents must be emailed to mmartin@asq.org by October 13, 2015 or you will not be able to take the exam on November 6, 2015.

Examination Dates	Application Deadline	Late Application
<input type="checkbox"/> Nov. 6, 2015	<input type="checkbox"/> Oct. 13, 2015	will not be accepted

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## EXAM FEE TOTALS

You may pay by check, money order, bank draft, Visa, MasterCard, or American Express. Tuition vouchers and purchase orders are not accepted. Your application will be returned unprocessed if payment is not enclosed. \$50.00 of your fee is an application fee and is not refundable. If you are interested in becoming a member, include payment and the membership application with your certification fee.

\_\_\_\_\_  
 \_\_\_\_\_  
**Total \$219.00**

## Method of payment:

- Check or money order (U.S. dollars drawn on a U.S. bank) Make check payable to ASQ.
- Visa  MasterCard  American Express (Check one)

\_\_\_\_\_  
 Cardholder's Name (please print)

\_\_\_\_\_  
 Card Number Exp. Date

\_\_\_\_\_  
 Cardholder's Signature

\_\_\_\_\_  
 Cardholder's Address

\_\_\_\_\_  
 Applicant's Signature Date

Fees subject to change without notice. If the payment amount submitted is incorrect or a price increase occurs, we will bill you accordingly or charge your credit card the appropriate amount.

## 4. EXAMINATION SITE

NOAA  
 USDC Seafood Inspection Program  
 501 West Ocean Blvd., Ste. 1200  
 Long Beach, CA 90802

## 5. EDUCATION

Complete the entire section below showing the **highest** completed educational degree or diploma you have received. Credit is not issued for nondegree education or for partially completed degree programs.

**International applicants must provide documentation to verify educational equivalency.**

Degree or Diploma \_\_\_\_\_ Year \_\_\_\_\_  
Name of Institution \_\_\_\_\_  
Location of Institution \_\_\_\_\_

Type of degree or diploma (check one)  technical school  
 associate  bachelor's  master's  doctorate

## 6. WORK EXPERIENCE

**If you do not meet all of the necessary qualifications, you will not be allowed to take this exam.**

[Redacted work experience information]

**CBA and CHA** require FIVE years of work experience including ONE year in a decision-making position.

[Redacted work experience information]

All work experience must relate to one or more areas of the body of knowledge of that specific certification.

**"DECISION MAKING" is defined as having the authority to define, execute, or control projects/processes and being responsible for the outcome.**

If you have been certified by ASQ in any of the areas below, please provide your certificate number in lieu of work experience. If you are applying for the manager exam, you'll need to include additional work experience.

CQA  CQE  Manager  CRE  CSQE  
Certificate Number \_\_\_\_\_ Date \_\_\_\_\_

**The following does *not* apply for CQI, CSSBB, CPGP, CSSGB, or CSSYB.**

If you have completed a degree, diploma, or certificate program beyond high school, you may waive some of the required experience as follows:

- Certificate/diploma from a technical—  
One year, CCT two years or trade school
- Associate degree (college or technical institute)  
Two years, CBA, CHA one year
- Bachelor's degree  
Four years, CCT two years, CQT, CHA, CBA three years
- Master's/doctoral degree  
Five years, CCT two years, CQT three years, CBA, CHA four years

### DID YOU ...

- Complete both sides of the application?
- Include payment?
- Attach your résumé or provide your work experience with employment dates by month/year?
- Sign your application?
- Include your CSSBB affidavit(s)? (Affidavits can be found at [asq.org/cert](http://asq.org/cert).)

**You must attach a résumé or provide your work experience below; employment dates must be by month/year.**

Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ (Mo/Yr)  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ (Mo/Yr)  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ (Mo/Yr)  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_

## 7. COMPLIANCE WITH RULES

Please read the ASQ Code of Ethics below. Compliance with the Code of Ethics is **mandatory** for all certified individuals, whether or not they are members of ASQ.

"I have read, I understand, and I agree to comply with the ASQ Code of Ethics. I agree not to discuss or release in any form the contents of the examination. I affirm that all information contained in this application is correct."

Signature \_\_\_\_\_  
Please print your name \_\_\_\_\_  
Date \_\_\_\_\_

## ASQ CODE OF ETHICS

### FUNDAMENTAL PRINCIPLES

ASQ requires its members and certification holders to conduct themselves ethically by:

- I. Being honest and impartial in serving the public, their employers, customers, and clients.
- II. Striving to increase the competence and prestige of the quality profession, and
- III. Using their knowledge and skill for the enhancement of human welfare.

Members and certification holders are required to observe the tenets set forth below:

### RELATIONS WITH THE PUBLIC

Article 1 — Hold paramount the safety, health, and welfare of the public in the performance of their professional duties.

### RELATIONS WITH EMPLOYERS, CUSTOMERS, AND CLIENTS

- Article 2 — Perform services only in their areas of competence.
- Article 3 — Continue their professional development throughout their careers and provide opportunities for the professional and ethical development of others.
- Article 4 — Act in a professional manner in dealings with ASQ staff and each employer, customer, or client.
- Article 5 — Act as faithful agents or trustees, and avoid conflicts of interest and the appearance of conflicts of interest.

### RELATIONS WITH PEERS

- Article 6 — Build their professional reputation on the merit of their services and not compete unfairly with others.
- Article 7 — Ensure that credit for the work of others is given to those to whom it is due.

**Email completed form, payment and supporting documents to [mmartin@asq.org](mailto:mmartin@asq.org) by the October 13, 2015 application deadline.**

### Return This Application To:

ASQ  
P.O. Box 3066  
Milwaukee, WI 53201-3066  
Fax 414-272-1734

Item B1529



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