



The Global Voice of Quality™

# Certification Exam Application

2017 AABB Annual Meeting Special Exam Administration

October 5, 2017 • San Diego, CA • San Diego Convention Center

Application Deadline: August 25, 2017

Exam: Quality Auditor (CQA) • Exam starts at 10:00 a.m.

## FEE

Check the applicable box below. If you are interested in becoming a member, include payment for membership options with your certification fee. 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. \$70.00 of your fee is an application fee and is not refundable.

Quality Auditor (CQA) CQAAABB1017	Retake	USD\$298.00	<input type="radio"/>
	ASQ Member	USD\$348.00	<input type="radio"/>
	Nonmember	USD\$498.00	<input type="radio"/>

## Directions

- After completing this application, you may want to print an additional copy for your records.
- We will make every effort to process your application within two business days of receipt. Your credit card will be charged when your application is processed and a receipt will be mailed to you.
- If you haven't received your confirmation within two weeks of mailing or faxing your application, please contact ASQ Customer Care at help@asq.org.

## Payment Options

We can accept Visa, MasterCard, American Express, check, money order, or bank draft.

You can mail your application with the appropriate fees to:

### ASQ

Attn: Certification Offerings

P.O. Box 3066

Milwaukee, WI 53201-3066.

\$70.00 of your fee is an application fee and is not refundable. Please note that mailed-in payments must be postmarked by the exam application deadline.

Applications may also be faxed with credit card information to 414-272-1734.

## Cancellation/Reschedule Policy

A \$70.00 fee will be charged if you reschedule or cancel your exam no later than five business days prior to the exam. If you provide fewer than five days' notice, you will forfeit all fees and need to reapply.

**MAIL TO: ASQ, Attn Certification Offerings, PO Box 3066, Milwaukee, WI 53201-3066 or FAX TO: 414-272-1734**

**For questions call ASQ Customer Care at:**

USA and Canada: 800-248-1946

Mexico: 001-877-442-8726

All other locations: +1-414-272-8575

ASQ Membership Number \_\_\_\_\_

*If you are not an ASQ member, leave blank.*

Title:  Mr.  Ms.  Dr.  Mrs.

First Name Last Name Middle Initial

Preferred Mailing Address:  Business  Home

Employer Name Job Title

Business Address 1

Business Address 2

Business City Business State  
*Indicate "NA" if state and/or postal code are not applicable.*

Business Zip/Postal Code Business Country

Business Phone FAX

Home Address 1

Home Address 2

Home Apartment/Suite Home City

Home State Home Zip/Postal Code  
*Indicate "NA" if state and/or postal code are not applicable.*

Home Country

Home Phone

Email Address

## PAYMENT INFORMATION

Credit Card Type:  MasterCard  Visa  American Express

Credit Card Number CVV Expiration Date

Name of Cardholder

Address of Cardholder  
 Same as purchaser  New

City of Cardholder State/Province of Cardholder  
*Indicate "NA" if state and/or postal code are not applicable.*

Zip/Postal Code of Cardholder Country of Cardholder

*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.*

*Please fill out additional information on page 2.*

**SEATING IS LIMITED FOR ALL EXAMS.  
DON'T WAIT UNTIL THE LAST MINUTE – REGISTER NOW!**  
Application Deadline – August 25, 2017

**EXAMINATION DATE AND LOCATION**

**Exam: Quality Auditor (CQA)**  
**2017 AABB Annual Meeting Special Exam Administration**  
**San Diego, CA • San Diego Convention Center**  
**October 5, 2017 • Exam starts at 10:00 a.m.**

*Application Deadline: August 25, 2017*  
*Your application must be received by the application deadline.*

**EDUCATION**

Complete the section below showing the highest completed educational degree or diploma you have received, the name and location of the institution conferring it, and the year you received it. You may not claim any credit for nondegree education or for partially completed degree programs.

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

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

**SPECIAL NEEDS**

Please indicate if you have special needs that we can address. You must also contact the Certification Offerings workgroup regarding your special needs at [cert@asq.org](mailto:cert@asq.org).

\_\_\_\_\_  
\_\_\_\_\_

**CODE OF ETHICS**

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

1. Being honest and impartial in serving the public, their employers, customers, and clients.
2. Striving to increase the competence and prestige of the quality profession.
3. 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 conflict 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.

**COMPLIANCE WITH RULES**

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

**I have read and I understand the ASQ Code of Ethics, and agree to comply with it.**

Signature \_\_\_\_\_

**WORK EXPERIENCE**

**IF YOU DO NOT MEET ALL OF THE NECESSARY QUALIFICATIONS, YOU WILL NOT BE ALLOWED TO TAKE THIS EXAM.**

CQA requires EIGHT years of higher education and/or work experience including THREE years in a decision-making position.  
*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.**

- Certificate/Diploma from a technical or trade school  1 year  
Associate’s degree (college or technical institute)  2 years  
Bachelor’s degree  4 years  
Master’s/Doctoral degree  5 years

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

This is a mandatory field.

**Work Experience:**

\_\_\_\_\_  
Job Title  
\_\_\_\_\_  
From (mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_  
\_\_\_\_\_  
Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Supervisor  
\_\_\_\_\_  
Job Title  
\_\_\_\_\_  
From (mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_  
\_\_\_\_\_  
Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Supervisor  
\_\_\_\_\_  
Job Title  
\_\_\_\_\_  
From (mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_  
\_\_\_\_\_  
Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Supervisor

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