

Qualification Checklist

Note to CETs: CETs need complete only Section A and B of the application, and submit the application fee.

As you fill in the Application Form, use the checklists and calculation boxes below to verify that you have completed all the required steps, and that the information you provide fully documents the minimum requirements for certification.

Keep a copy of this checklist, together with a copy of your application and all related forms and attachments, in case questions arise during the application evaluation and testing process.

1. Education: If you request the use of education in lieu of experience for part of the minimum experience qualifications, use the Educational Credit Table (See Section C of the **Application Form Instructions**), and enter the years of credit you are eligible to receive:

AA/AS Degree valued at _____ years of credit, **or**
BA/BS Degree valued at _____ years of credit, **or**
MA/MS Degree valued at _____ years of credit, **or**
Ph.D. Degree valued at _____ years of credit.

- Transcript(s) are ordered and will be forwarded separately by the institution, **or**
 Original transcript(s) are attached to the Application. (Certified copies are permitted.)

2. Professional Experience: I have attached to my Application _____ (number of copies) of the Professional Experience Form. These document _____ months of relevant experience, which total _____ years of qualifying experience. (Convert months into years, rounding **down** to the nearest half year.)

3. Total Educational/Professional Experience: Add together the years of credit requested in Items 1 and 2, above. The total is: _____ years.

4. Training Delivery Experience: I have attached to my Application _____ (number of copies) of the Training Delivery Form, and the required attachments thereto. These Forms document a total of _____ hours of training delivery experience.

5. Summary of Educational/Professional Experience: Does Item 3 equal at least eight (8) years?
Yes No. If "Yes," go to the next questions. If "No," you do not yet qualify for the CIT.

6. Summary of Training Delivery Experience: Does Item 4 equal at least two-hundred-seventy (270) hours?
Yes No. If "Yes," it is likely that you will qualify to take the certification tests. If "No," you do not yet qualify for the CIT.

7: Employer Information Release Form: Have you completed the Employer Information Release Form?
Yes No. (Application and testing results will not be released until this form is completed and submitted to the CET BOC.)

Application Form Instructions

General Instructions

1. Read each section carefully before answering question in that section. Print clearly or type all entries. This is particularly important if you fax the application.
2. Do not abbreviate other than standard address abbreviations (St., Ave., Rd., etc.) and other widely-used, well known and easily recognized abbreviations (U.S., EH&S, OSH, etc.).

Section A. Personal Information

3. Please use your full legal name in the first line. We recognize that many individuals use variations or nicknames in dealing with the public. You may specify how you prefer your name to be shown on your certificate and card, etc., in the third line of this section.
4. **Privacy** **Act:**
All personal information is voluntary and will be kept strictly confidential. It is important that you provide us with both home and employment contact information, however, to reduce risk of losing contact with you during physical moves or employment changes. If certified as a result of this application, you also will be included in the public roster of CITs. Only your name, certification and number, and expiration date is included in this roster.
5. Use the bottom line in this section to specify the primary method we should use to communicate with you on matters relating to certification. We will attempt to honor this to the maximum extent possible. Other means of contact may be necessary in some situations. Remember, couriered items (FedEx, etc.) must be addressed to a physical address, not a Post Office Box.

Section B. Professional Information

6. Use your full title and the full name (as used in business) for your company and department.

Section C. College Education

7. Official transcripts (or copies) must be provided.
8. A minimum of eight years of professional work experience in a training area is required for CIT certification. Education at institutions accredited by the U.S. Department of Education or the Council for Higher Education Accreditation may be substituted for a

Major Degree	Associate Degree	Bachelors Degree	Masters Degree	Ph.D. Degree
Any (unrelated to your area of professional work experience)	N/A	2 years	3 years	4 years
Education and/or Teaching (unrelated to your area of professional work experience)	1 year	3 years	4 years	5 years
Any (related to your area of professional work experience)	2 years	4 years	5 years	6 years

portion of this work experience, in accordance with the following table:

Section D. Summary of Professional Experience

9. List your experience by position title, starting with your current or most recent position. **List different positions with the same employer on separate forms.**
10. List experience which, combined with educational credit, totals a minimum of eight (8) years. (Note: you need not document all of your experience, only enough to meet the minimum requirement and starting with your current or most recent position.)
11. A separate Professional Experience Form must be completed and attached to this application for each position listed in this sec-

tion.

Section E. Summary of Training Delivered

12. Applicants must document a minimum of 270 hours of training delivery.
13. A separate Training Delivery Form, and proof of delivery as specified on the form must be attached to this application for each named course listed in this section. Repeated teaching of the same course should be included on the same form.

Section F. Professional References

14. Make two additional copies of this form. Be certain to fill in your personal information in Part 1 of the Professional Reference Form before giving it to the persons you are asking to provide you with letters of reference.
15. If the person you are asking to complete the form is not a trainer or educator, we suggest that you review the form with them (by telephone, if necessary) to explain training terminology with which they may not be familiar.
16. As a courtesy to those you ask to complete a professional reference form for you, we suggest you provide them a pre-addressed, stamped envelope. The envelope should be addressed to:

CET Board of Certification
P.O. Box 10321
Phoenix, AZ 85064-0321

Section G. Signature, Affirmation, Release of Liability and Contract

17. The CIT Pledge follows:

The Certified Instructional Technologist's Pledge

"As a member of the training profession, I dedicate myself to the protection and betterment of people and our society through the sharing of knowledge and skills. I Pledge:

- To seek to increase my own knowledge and improve my own skills;
- To search out and use the most effective methods for sharing knowledge and skills;
- To respect the dignity of students and trainees and to encourage as well as instruct them;
- To recognize the limitations of my own knowledge and skills, strive to overcome them, and avoid false statements and exaggeration about my capabilities;
- To maintain the highest standards of my profession and to practice it with high ideals.

I make this pledge to my colleagues, my students and trainees, and most importantly, to myself. I will do all in my power to carry it out."

- Adapted from The Trainer's Pledge, by Richard R. Metcalf

Section H. Test Scheduling

18. Use the separate Test Scheduling Form to schedule your test(s). Tests are offered at several locations around the country each year, and are held in conjunction with the Certified Environmental, Safety and Health Trainer (CET) testing, which includes the Instructional Technology test. See the CET web site (www.neshta/cet.org) for the dates and locations of scheduled tests. The time allotted for CIT applicants is two (2) hours.
19. It is often more convenient for applicants to arrange for the examination at a local community college, college or university. Educational institutions, as well as military bases in the U.S. and abroad, have offices to proctor and administer standardized examinations. Most of these will accommodate (usually for a fee) other testing organizations. If you choose this testing method, contact the testing office in an organization near you to determine their willingness to assist, then use the Test Scheduling Form to provide the CET BOC with the required information about the testing facility. You may also set a testing date with the facility if you allow at least thirty (30) days for processing and shipping of the tests. With the information you provide, the CET BOC staff will make arrangements to have the test(s) administered. All costs associated with this special test proctoring must be paid by the applicant directly to the institution, plus the Special Testing Fee to the CET BOC.

Section K. Fees

20. Submit the appropriate payment for the Application Fee **and** Test Fee, according to the CIT Fee Schedule on the following page. Note: The Application, Rush Processing, and Special Testing Fees are non-refundable.)

Employer Information Release Form

21. Many applicants receive an employer’s financial support for applying for the CIT. In this situation, the employer often expects (and in many cases, believe they have a right) to receive verification that their employee (the applicant) has successfully (or unsuccessfully) completed the certification process. As voluntary certifications are **personal** certifications, you have the right to determine whether and to whom test results may be provided. If you are receiving financial support from your employer, please make this determination before submitting your application. Indicate your choice in this matter on the Employer Information Release Form.

CIT Fee Schedule		
	NESHTA Members	Non-Members
Application Fee	\$95	\$140
Test Fee	\$230	\$345
Rush Processing Fee	\$65	\$65
Special Testing Fee	\$35	\$35

Application and test results WILL NOT be released (including to the applicant) until this form is submitted to the CET BOC. Include this form with your application.

Application Form

A. Personal Information

Dr. Mr. Ms. Last Name _____ First Name _____ MI _____
 Certifications/Designations _____
 Nickname (for badges & personal communications) _____ Certificate Name _____
 Home Address _____ Home Phone _____
 City _____ State _____ ZIP _____ Country _____
 Home e-mail _____ Home Fax _____
 Send mailed/couriered correspondence to my home address business address.
 Send electronic communications to my home e-mail address business e-mail address

B. Professional Information

Job Title _____
 Company _____ Office Phone _____
 Division/Department _____ Office Fax _____
 Address _____
 City _____ State _____ ZIP _____ Country _____
 Office E-mail _____

C. College Education

College or University (Name and Location)	From Date	To Date	Course or Study or Major	Degree Earned	Transcript (Check one)
					<input type="checkbox"/> Enclosed <input type="checkbox"/> From School
					<input type="checkbox"/> Enclosed <input type="checkbox"/> From School
					<input type="checkbox"/> Enclosed <input type="checkbox"/> From School
					<input type="checkbox"/> Enclosed <input type="checkbox"/> From School

Do Not Write in Space Below — For CET BOC Use Only

Control No.: _____ Rcvd Date: _____ NESHTA Member Non-Member
 Fees Paid Application Approved Date: _____
 Application Rejected (Reason: _____) Rejection Reviewed by _____

F. Professional References List three persons who are very familiar with your training skills. One **must** be your current supervisor, unless you are self-employed in which case you may substitute a former supervisor or professional colleague. Provide each person with a copy of the CIT Professional Reference Form and a stamped envelope to return their reference letter directly to the Board of Certification. All reference forms must be received before final action can be taken on this application.

Name _____
 Title _____
 Company _____
 Address _____
 City _____ State ____ ZIP _____
 Phone _____ Fax _____
 E-mail _____

Name _____
 Title _____
 Company _____
 Address _____
 City _____ State ____ ZIP _____
 Phone _____ Fax _____
 E-mail _____

Name _____
 Title _____
 Company _____
 Address _____
 City _____ State ____ ZIP _____
 Phone _____ Fax _____
 E-mail _____

G. Signature, Affirmation, Release of Liability and Contract

I attest that all statements and attachments to this application are, to the best of my knowledge, true and accurate. I authorize the Certified Environmental, Safety and Health Trainer (CET) Board of Certification or their designee to verify all information submitted.

I understand and agree that falsification or willful misrepresentation of any information in this application, or information provided by me subsequent thereto, or actions or misconduct of any kind during the testing, retesting and subsequent certification or re-certification process which is judged by the CET Board of Certification to be inappropriate, illegal, or contrary to CIT Program policy and procedures, may be cause for rejection of this application, or for subsequent cancellation and withdrawal of certification or affiliation at the sole discretion of the CET Board of Certification.

I affirm that I am familiar with, subscribe to the philosophy of, and aspire to the ideals expressed in the official Certified Instructional Technologist's Pledge, as quoted in the Application Form Instructions.

I further declare that with my signature I hereby release, hold harmless, and protect the CET Board of Certification, and its officers, members and employees, and the National Environmental, Safety and Health Training Association and its officers, directors and employees from any and all claims of liability which may result from: (1) the rejection of this application; or (2) my duties and responsibilities for training delivery, management, design or development should this application be approved and I am subsequently certified or affiliated as a Certified Instructional Technologist.

_____ Applicant's Signature _____ Date _____

H. Test Scheduling

- Test Scheduling Form attached.
- Test Scheduling Form will be submitted later.

I. Fees

Payment is by: Check Payable to CET BOC Visa/MC AmEx Card # _____ Expires _____

Card Security Verification # _____ Name on card _____ Signature _____

for the following items: (Enter appropriate fees from Page 3 of the Application Instructions.)

- Application fee: \$ _____; Test fee: \$ _____; Rush processing fee: \$ _____; Special testing fee: \$ _____.

Total submitted with application: \$ _____.

Certified Instructional Technologist

Professional Experience Form

Please type or print clearly. Use one (1) form for each position listed in the Application Form Summary of Professional Experience. Make additional copies of this form as needed. Number each page at bottom, including total pages to match the number of entries in the Summary, working from current position backwards.

A. Personal Information

Dr. Mr. Ms. Last Name _____ First Name _____ MI _____

Social Security No. _____ Certifications/Designations _____

B. Position Information

Job Title _____

Dates employed in this position: From _____ to _____ Total months in position _____ Average hours per week _____

Is designing, developing and/or delivering training your **primary** responsibility? Yes No

Percentage of time, on average, devoted exclusively to training responsibilities _____

In my **training** responsibilities (only), on average I spend about _____ % of my time designing, _____ % developing, _____ % delivering training, and/or _____ % managing training.

The **primary** training specialty area in which I work is: (Describe briefly) _____

The **secondary** training specialty area in which I work is: (Describe briefly) _____

In my **non-training** responsibilities, the area(s) in which I work include: (Describe briefly) _____

C. Employer Information

Company _____ Supervisor's Name _____

Division/Department _____ Supervisor's Phone _____

Address _____ Supervisor's Fax _____

City _____ State _____ ZIP _____ Country _____

Supervisor's E-mail _____

Professional Reference Form

Instructions and Information: The person named in Section A, below, is applying to the Certified Environmental, Safety and Health Trainer (CET) Board of Certification (BOC) for voluntary certification as a Certified Instructional Technologist (CIT). The CIT Program is an affiliate program of the CET Program for experienced training specialists who seek recognition and documentation of their training knowledge and skills, but who are not necessarily an environmental, safety and/or health trainer. Your name was provided as a professional reference who is very familiar with the applicant’s experience and ability as a trainer. Please complete the following sections of this form, seal the form in the envelope provided, and mail it directly to the CET BOC at your earliest convenience.

Candidates for the CIT credential must have eight years of professional experience, or a combination of experience and education in one or more of the specialty area(s) in which they teach. Candidates for certification also require a minimum of two-hundred-seventy (270) hours of experience in delivering training to students and trainees. This is approximately equivalent to delivering six (6) three-credit college courses. Three letters of reference and a passing score on a test of the applicants knowledge of basic adult education principles also are required.

Your comments and ratings will greatly assist the Board of Certification in assessing the candidate’s qualifications and eligibility for certification. Please answer or provide ratings **only** in those areas where you are familiar enough with the individual’s work to make a fair judgement about the requested information.

Some specialized training terms are used that you may not be familiar with, if you are not a trainer yourself. Rather than skip that section, please review these terms or phrases with the applicant, as you will very likely understand the concept behind the “jargon.” Complete the form as thoroughly as possible. Rate the performance of the applicant by placing an X in the appropriate performance scoring box for each trainer characteristic listed in the left column. In the right column, where possible cite a specific performance or example that illustrates how the applicant has exhibited behaviors that characterize an effective trainer.

Part I — Applicant and Reference Person Information

A. Applicant Information

Dr. Mr. Ms. Last Name _____ First Name _____ MI _____

Certifications/Designations _____

Job Title _____

Company _____ Office Phone _____

Division/Department _____ Office Fax _____

Address _____

City _____ State _____ ZIP _____ Country _____

Office E-mail _____

B. Reference Person Information

Dr. Mr. Ms. Last Name _____ First Name _____ MI _____

Certifications/Designations _____

Job Title _____

Company _____ Office Phone _____

Division/Department _____ Office Fax _____

Address _____

City _____ State _____ ZIP _____ Country _____

Office E-mail _____

Part II — Professional Reference Evaluation

Trainer Characteristics	Performance			Example Illustrating Effectiveness as a Trainer
	Excellent	Average	Poor	
Training Design Skills				
Defines tasks to be performed by the trainee				
Defines instructional objectives				
Organizes objectives from simple to complex				
Selects instructional methods and media suited to objective				
Designs evaluation activities for course				
Knowledge of Subject				
Knows content and course objectives				
Demonstrates in-depth understanding of the subject matter				
Presentation Skills				
Makes objectives clear to learners				
Presents materials in a well-organized manner				
Paces material to learners' ability				
Uses training aids and audio-visuals effectively				
Involves learners in the instructional process				
Asks for feedback and responds to learners questions				
Is patient and responsive to learners' concerns				
Speaks well and holds learners' attention				

Additional Comments or Relevant Information (Please add your own page if you wish):

I recommend the applicant for certification. I do not recommend the applicant for certification.

Signature _____ Date: _____

Test Scheduling Form

A. Applicant Information

Dr. Mr. Ms. Last Name _____ First Name _____ MI _____
Certifications/Designations _____ Office E-mail _____

B. Option to Take a Scheduled Test (See www.neshta/cet.org for test locations and dates.)

As of this date, I plan to take the test now scheduled at (location) _____
on (date) _____. Please send me the admissions documentation for this test location and date.

C. Option to Schedule My Own Test (Allow a minimum of thirty (30) days for processing.)

I elect to take my test at a testing office located at a college, university, military education office, or other testing location as indicated below: (Do not use Post Office Box address. Materials are sent by FedEx and require a physical address and telephone.)

Name of Institution _____

Name of Responsible Office Within Institution _____

Name and Title of Responsible Person in this Office _____

Address _____

City, State, ZIP _____ Phone _____ Fax _____

E-mail Address of Responsible Person _____

The date arranged for this test is _____ I will notify the CET BOC of the date of this test.

D. Other Important Information and Signature

I understand that:

- test locations and dates of Scheduled Tests (Section B., above) may be cancelled or re-scheduled up to twenty (20) days prior to the announced date, and that I will be notified of such cancellation so that I may re-schedule my test(s);
- the Application Form must be received by the CET BOC at least thirty (30) days prior to the requested test date, otherwise an additional Rush Processing Fee must be paid;
- if all Application Form supporting documentation and any forms (transcripts, reference forms, etc.) are not received by the CET BOC by the date of the test(s), the results of my test(s) will be withheld pending receipt, review, and approval of all required materials;
- I have the option of cancelling and/or re-scheduling this test, and will so notify the CET BOC within twenty (20) days of the scheduled test; and,
- I must resubmit a Test Scheduling Form to schedule my new test date and location.

Signature _____ Date: _____

Certified Instructional Technologist

Employer Information Release Form

A. Applicant Information

Dr. Mr. Ms. Last Name _____ First Name _____ MI _____

Certifications/Designations _____ Office E-mail _____

B. Option to Inform Employer of Certification Results

I hereby authorize the CET Board of Certification to release the "Pass" or "Fail" results of the examination for which I am applying to my employer, or the authorized representative of my employer, named below: (Print below the company name, or company name and the name of an authorized representative employed by the company.)

I do not authorize the CET Board of Certification to release the results of my tests to any other person or organization.

Signature _____ Date: _____