

CAPP

Application for the Examination

The completed application should be scanned and emailed to:

capp@parking-mobility.org

Part 1. Personal Information

Legal Name:

Last _____ First _____ Middle _____

Business Contact Information:

Organization: _____

Title: _____

Address: _____

City, State, Zip/Postal Code, Country: _____

Phone (plus extension if applicable): _____

Cell: _____

Email: _____

Home Contact Information:

Please address all CAPP communication using my home information Yes No

Address: _____

City, State, Zip/Postal Code, Country: _____

Phone: _____

Cell: _____

Email Address: _____

Part 2. Education, Experience, and Professional Development/Education Courses

To be eligible for the credential, you must meet the minimum education, experience, and professional development requirements: 41 points, plus nine additional points from any of the three eligibility categories, for a total of 50 points. The following matrix outlines the point distributions and requirements.

1. Education/License/credential*: (Required Minimum Points: 4/Maximum Points: 40)

**Note: License/credential holder must be in good standing with the licensing agency/credentialing body*

- Highest level of education achieved from an accredited educational institution:

High School Diploma or GED	4 points
Associate Degree	8 points
Bachelor’s Degree	16 points
Master’s Degree	24 points
Doctorate	40 points

Points: _____

- Applicable Professional Licensing: (e.g., engineer, architect, accountancy, construction, etc.): (8 points per license)

Points: _____

- Applicable Professional Certification Designation (must be applicable to competency as a CAPP): (e.g., project management professional, LEED, PE, AIA, etc.): (4 points per designation)

Points: _____

Total Education/License/Credential Points: _____

2. Experience: (Required Minimum Points: 12 (3 years)/Maximum Points: 40 (10 years))

Note: Professional experience must be in supervisory and/or managerial roles and/or contact with same (e.g., consultants, vendors) and/or equivalent experience in a related field. Equivalent experience in a related field must be combined with a minimum of three years of experience at any level in the parking, mobility or transportation industry. No experience points are awarded for service in the parking, mobility or transportation industry below the manager/supervisor level. Four points can be claimed for each year of management/supervisory experience up to the maximum of 40 points.

Acceptable job titles are provided earlier in this handbook under “Candidate Eligibility Matrix/2. Experience.”

- Managerial/Supervisory Parking/Transport Experience:

_____ years X 4 points per year = _____

- Related Managerial Supervisory Experience + 3 years in Parking/Mobility/Transportation Industry:

_____ years X 4 points per year = _____

Total Experience Points: _____

3. Professional Development/Continuing Education: (Required Minimum Points: 25/No Maximum)

Note: Professional development courses/training must have been completed within the past five years and be applicable to the role of the CAPP (e.g., IPMI courses and training, other professional training programs, other professional certificates). One point is awarded per hour of professional development/continuing education.*

**Note: Refer to the CAPP Examination Content Outline if you have any questions about the applicability of your professional development courses/continuing education.*

- Professional Development Continuing Education: Points: _____
- Professional Certificate Award Continuing Education: Points: _____

Total Professional Development Points: _____

Minimum Number of Eligibility Points Required: 50

Category Points:	1. Education/License/Credential:	_____
	2. Experience:	_____
	3. Professional Development:	_____
	TOTAL POINTS:	_____

Part 3. Endorsement

Please provide the Application Endorsement Form with a copy of your Experience Documentation Form to a CAPP in good standing or to an employment supervisor who can attest to the accuracy of the information on the application and your suitability for certification. The CAPP or employer is required to email the document to the Certification Department separately to capp@parking-mobility.org.*

**Do not include this document with your application.*

Part 4. Statement of Understanding

To qualify for the CAPP credential, you must respond to the following questions and sign the Statement of Understanding:

1. Ethics

I hereby attest that the following statements are true, correct, and accurate to the best of my knowledge, and I further agree to fulfill the following obligations:

- a. Y N — I agree to give the CAPP Certification Department timely notice of any contact or address change in writing.
- b. Y N — Having read the CAPP Code of Ethics on the CAPP website, I hereby confirm that I have not violated any of its provisions in the past and will comply with all tenets in the future. I agree to act and conduct my professional practice in accordance with the currently adopted code.

c. Y N — I understand that any intentional or unintentional failure to provide true and complete responses to this application may result in sanctions by the CAPP Appeals and Discipline Committee.

If you answered “no” to any statements above, please provide a written explanation on a separate page. Attach the page to this application.

2. Special Accommodations:

I am requesting special testing accommodations: Y N

If you answered “yes,” please attach documentation as specified in the CAPP Candidate Handbook. 3. Privacy Policy: I understand that a condition of certification is accepting all official correspondence from the CAPP Certification Board. I understand that refusal to accept official correspondence or requesting to have my personal information removed from the IPMI database will cause revocation of certification status.

For Non-IPMI Members Only:

Y N — I give my permission for the CAPP Certification Board to share U.S. Postal Service mail and email contact information with outside organizations promoting programs that may be of interest to industry professionals.

By signing this document, I hereby attest that the information provided within and attached to this application is true, accurate, and complete to the best of my knowledge and belief. I understand and agree that the CAPP Certification Board has the right to contact any person, agency/entity, or organization to review or confirm any information provided in this application. I further agree to authorize the release of any information requested by the CAPP Certification Board regarding the review of this application. I further understand and agree that the CAPP Certification Board has the right to notify pertinent credentialing and professional organizations if it is determined that this application contains false information.

I understand and agree that CAPP certification and recertification depends upon my fulfillment of all required criteria and obligations, including compliance with the CAPP Code of Ethics and Policies and Procedures. I further agree to inform the CAPP Certification Board in a timely manner if I become the subject of any ethics, criminal, or lesser offenses, complaints, and/or charges.

I understand that all material included in this application becomes the property of the CAPP Certification Board upon receipt and that neither originals nor photocopies will be returned to me. If my certification is suspended or revoked, I agree to comply with all directives or orders of the CAPP Certification Board, including the return of all CAPP credentialing documents. I agree to comply with such directives and orders in a timely manner and at my own expense.

Signature: _____

Date: _____

Print Name: _____

Part 5. Payment

- I am an IPMI member applying for the CAPP Certification. **\$475 U.S. fee**
- I am an IPMI non-member applying for CAPP Certification. **\$700 U.S. fee**
- If paying by check, I understand my application will be held until the check clears.

Please select one: credit card check

To pay by credit card, please submit your application to capp@parking-mobility.org. Once the application is received, IPMI will send you an email with login instructions to make payment online with a credit card. For your application to be processed, the application fees must be paid within 48 hours.

To pay by check, please make all checks payable to: International Parking & Mobility Institute (IPMI)

And remit to:

International Parking & Mobility Institute (IPMI)
 CAPP Processing Department
 1330 Braddock Place, Suite 350
 Alexandria, VA 22314 USA

Checks must be received within 10 business days of the CAPP Application submission or your application will not be processed.

Application Checklist:

- Complete Part 1: **Personal Information**
- Complete Part 2: **Eligibility Form, Certificates, and Supporting Documents/Education Experience**
- Complete Part 3: **Endorsement**: Provide an endorsement form to a CAPP or employer with a copy of your Experience Documentation Form. The endorsement provider must scan and email a copy of your experience document along with the Endorsement Documentation Form to the CAPP Certification at capp@parking-mobility.org.
- Complete Part 4: **Statement of Understanding and Signature**
- Complete Part 5: **Payment**

Education/License/Credential Documentation Form

(Minimum of a High School Diploma)

Candidate Name:

Last, First, Middle: _____ Date Submitted: _____

Dates of Education or Receipt of License/Credential	Name and Address of Educational Facility/License or Credential Issuing Body	Name and Title of Program (e.g., college major, XYZ, licensed XXX, certified ABC)	Description of Courses of Study

Experience Documentation Form

Note: Use this form to document your experience as a parking, mobility or transportation professional (minimum of three years required.) The original must be included with your application. A copy must be provided to the endorsement provider and included in the separate endorsement mailing.

Candidate Name:

Last, First, Middle: _____ **Date Submitted:** _____

Dates of Employment	Organization Name and Address	Name and Title of Supervisor	Description of Roles and Responsibilities related to Parking, Mobility and Transportation Management

Professional Development Documentation Form

**Note: Refer to the CAPP Examination Content Outline if you have any questions about the applicability of your education/professional development. If more space is needed, please feel free to use an additional Word document with your information.*

Candidate Name:

Last, First, Middle: _____ Date Submitted: _____

Dates of Education/Professional Development	Name and Address of Educational Facility	Name and Title of Program	Description of program including program contact hours (e.g., length of seminar, webinar) and applicability to the role of the CAPP