

JOB FUNCTION AND EMPLOYER'S STATEMENT



Certification Department
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 Kansas City MO 64195-0404
 Tel 816.891.6600
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 Email: cps@iaap-hq.org

PLEASE TYPE OR PRINT LEGIBLY

To be submitted with application
 to verify experience required.

Name, current address, and telephone number
 of employer:

 Name of CPS or CAP Applicant

 Social Security Number

 Complete Address of CPS or CAP Applicant

 Name while Employed

Your cooperation is needed so that I may submit my application to take the Certified Professional Secretary or Certified Administrative Professional Examination.

The Institute for Certification requests verification of my experience and the duties I performed. My comments are made where applicable, and to the best of my ability I have supplied pertinent information regarding my position. If I have made an error, it is not intentional. The facts indicated by you and/or your company records should be accepted as official.

I appreciate you completing the employer's portion of this form and returning it to me promptly.

 Signature of Applicant

EMPLOYER'S STATEMENT

Please complete all questions in this section.

A. Administrative professionals are defined by IAAP as
 "individuals who are responsible for administrative tasks and coordination of information in support of an office-related environment and who are dedicated to furthering their personal and professional growth in their chosen profession."

B. Name of Firm where employed:

	_____ Applicant's Statement From (month, day, year) To	_____ Employer's Verification (initial)
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C. Employed in an administrative position by your firm _____

D. Employed as your secretary/admin Full-time _____

Part-time _____

If part-time, how many hours per week? _____

Employers, please initial confirmation of dates provided in Sections C and D, complete Sections E-G (page 6), and sign and date this form.

TO BE COMPLETED BY EMPLOYER

E. All of these duties do not apply to all administrative positions. Those listed are merely examples of the types of duties performed under the Job Functions listed. Please check below job functions performed by applicant.

JOB FUNCTIONS	Frequently	Occasionally	Never
Interpersonal Communications (phone calls, direct visitors, update management, etc.)			
Written Communication (compose routine correspondence, edit documents, etc.)			
Information Distribution (compose/send e-mail, open/process mail, etc.)			
Document Production (key/revise documents, using software, etc.)			
Scheduling and Planning (maintain calendar, schedule appointments/meetings, etc.)			
Records Management (maintain/update file system, etc.)			
Financial Records Management (budgeting, invoices, financial software, etc.)			
Meeting Management (arrange meetings, facility contracting, etc.)			
Equipment/Supplies Procurement and Inventory Management (inventory/order supplies, etc.)			
Information Gathering (gather information for reports/managers, etc.)			
Supervising and Managing Human Resources (prioritize staff work, train, personnel, etc.)			

F. If there are (were) other major duties performed, please list below. Also, any additional comments you may wish to make concerning applicant's performance are appreciated.

G. If you are (were) not the applicant's immediate supervisor, please state circumstances and relationship.

Date _____

Signed _____

Name _____

Please Type or Print Legibly

Title _____

Name of Firm _____

Business Phone Number (____) _____

Business Fax Number (____) _____

E-mail _____