Instructor Certification Application Package
The ADDA Instructor Certification Program is designed to provide professional recognition to instructors, teachers and educational professionals. Instructors must be engaged in a design drafting and graphics training program within an approved educational setting on an annual schedule with an end result of a trade / craft certificate or diploma.

**CERTIFICATION DISCIPLINE TITLES AVAILABLE**
- General - Completion of the Related General Drafting Examination (Contains Fundamental Architectural & Mechanical Knowledge)
- Architectural - Completion of the Related Architectural Examination
- Mechanical - Completion of the Related Mechanical Examination
- Digital - Completion of the Digital Designer Examination

**LEVELS OF CERTIFICATION & REQUIREMENTS**

**ADDA Certified Instructor**
Applicant must Pass the ADDA Related Examination or currently hold an ADDA Related Certification.

Required certification - Apprentice Drafter Level or Digital Design Level or greater
Certification Lifecycle is 3 years from the date of issue - Lifecycle Certification Cost $365
- Teaching Experience 0 - up to 3 years Provide Related Skills Background
- Certification in one of the three levels 20 CEU’s required over 3 year lifecycle
- 3 year ADDA Membership Included Existing ADDA Certification Extended 3 years
- Provide 3 letters of Support from Educational Personnel
- Proof of Employment at a State or Private Accredited School

**ADDA Professional Instructor**
Applicant must Pass the ADDA Related Examination or currently hold an ADDA Related Certification.

Required certification - Certified Drafter Level or Digital Design Level or greater
Certification Lifecycle is 3 years from the date of issue - Lifecycle Certification Cost $395
- Teaching Experience 3rd year - up to 7 years Provide Related Skills Background
- Certification in one of the three levels 30 CEU’s required over 3 year lifecycle
- 3 year ADDA Membership Included Existing ADDA Certification Extended 3 years
- Must attend ADDA or State Sponsored In-Service Training annually in the related CTE Area (CEU’s apply above)
- Provide 3 letters of Support from Educational Personnel
- Proof of Employment at a State or Private Accredited School

**ADDA Master Instructor**
Applicant must Pass the ADDA Related Examination or currently hold an ADDA Related Certification.

Required certification - Certified Drafter Level or Digital Design Level or greater
Certification Lifecycle is 3 years from the date of issue - Lifecycle Certification Cost $465
- Teaching Experience 7th year and up Provide Related Skills Background
- Certification in one of the three levels 35 CEU’s required over 3 year lifecycle
- 3 year ADDA Membership Included Existing ADDA Certification Extended 3 years
- Must attend ADDA or State Sponsored In-Service Training annually in the related CTE Area (CEU’s apply above)
- Provide 3 letters of Support from Educational Personnel
- Proof of Employment at a State or Private Accredited School

**Grandfathering**
ADDA will accept existing ADDA Certified Professionals currently engaged in the educational fields as part of the application process. Acceptance as a Certified Instructor will automatically renew an existing ADDA Certification on a new three year lifecycle.

**MULTIPLE INSTRUCTOR CERTIFICATIONS**
Instructors may apply and obtain multiple Instructor Certifications in more than one discipline. An instructor could certify as a Professional Instructor in Architectural and Mechanical or a combination of Certifications such as Professional and Master based on experience. CEU’s and In-Service will apply to all certifications congruently. ADDA will apply a $100.00 discount toward the 2nd certification or more.
INSTRUCTOR CERTIFICATION APPLICATION

First / Initial ______________________  Last Name _______________________________

___ New Instructor Certification         ____ Renewal of Instructor Certification  
____________ Date of Application ___________________________________________

Print or type information.  Be sure all information is legible.  Incomplete forms will not be processed and resubmission required. 

Instructor Certification is designed for instructors engaged in the instruction of design, drafting or graphic related in a classroom setting.  Instructors must meet the basic criteria assigned by ADDA at the appropriate level to insure their skill level.  ADDA highly recommends each instructor complete the Curriculum Certification Process for their program.  This further validates the program is being instructed at or above current industry standards in the core principles, theories and best practices related to the profession.

PART 1
Are you currently a Professional Educator engaged in Drafting Design & Graphics ?  Yes  □  No □

Is your school’s Curriculum ADDA Certified?  Yes □  No □

Are you currently a Member of ADDA?  Yes □  No □  If yes indicate level below  
  □ Professional    □ Professional in Education    □ Associate

PART 2
Are you currently ADDA Certified?  Yes □  No □  →  If yes, what level(s)  If NO go to PART 3
  □ General Apprentice    □ General Certified Drafter    □ Digital Designer /Technician
  □ Architectural Apprentice □ Architectural Certified Drafter  □ Civil Designer / Technican
  □ Mechanical Apprentice   □ Mechanical Certified Drafter

If you are currently certified in one of the above levels and applying for Instructor Certification at the same level, NO EXAMINATION IS REQUIRED. Your certification will automatically renew for a period of three years from the issuance of your Instructor Certification.

PART 3
NEW PROFESSIONAL CERTIFICATION EXAMINEES - Indicate the level of Examination you are requesting.

  □ General Apprentice    □ General Certified Drafter    □ Digital Designer /Technician
  □ Architectural Apprentice □ Architectural Certified Drafter  □ Civil Designer / Technican
  □ Mechanical Apprentice   □ Mechanical Certified Drafter

For New Certifications Make Sure PARTS 5 - 7 - 10 are Completed

PART 4
NOTICE of Certificate Expiration:  I understand upon obtaining the ADDA Instructor Certification, the Certification Title “ GDI  PDI or MDI ” will expire three (3) years from the date of issue, due to the rapid changes in the industry requirements.  ADDA strongly recommends, if a higher level of certification has not been achieved within the allotted time period, individuals must renew this certification in accordance to the current ADDA renewal requirements.  It is recommended you contact ADDA to get the current requirements prior to expiration.  Initial __________

PART 5
Print your Name Exactly as you wish it to appear on your Instructor Certification Certificate:

Home Mailing Address: ____________________________________________________________  City:
State: __________ ZIP: ___________  Last 4 digits of Social Security No. ___________  Home Phone: ___________
Mobile Phone ___________________________  Personal Email Address (Req’d) ________________________________

NOTICE TO APPLICANT  The information provided above as well as information provide in Part 7 will be used to process your ADDA Membership.

PART 6
Sponsoring School or Institution ___________________________________________________________

Mailing Address: __________________________________________________________  School Phone _______________________

City: __________________________ State: _________ ZIP: __________  Website ________________________________

Sponsors Representative ____________________________________________ Title ________________________________

Sponsors Phone __________________________ Mobile Phone __________________________  Email _____________________________________

Sponsors Signature _____________________________________________ Date ______________

Signature of Sponsor:  I understand by placing my signature as sponsor of the applying instructor for certification, I have verified the information provided within this application with records on file at this institution.  I further confirm the instructor has never been charged with any crime and has no ethical insures on file and state the information is true and correct to the best of my knowledge.
INSTRUCTOR CERTIFICATION APPLICATION

Last Name _______________________________     First / Initial ______________________

___ New Instructor Certification         ____ Renewal of Instructor Certification

Date of Application ___________________

Print or type information.      Be sure all information is legible.    Incomplete forms will not be processed and resubmission required.

PART 7

Employment History
List all employers including Teaching, Industry or Business Experience

Are you currently a Professional Educator       Yes ☐       No ☐

Education Level       ☐ Certificate       ☐ Diploma       ☐ Associates       ☐ Bachelors       ☐ Master       ☐ PhD

Number of Years Employed as a Professional Educator all Subjects
  ☐ 0 - 3 years       ☐ 4 - 6 years       ☐ 7 -9 years       ☐ 10 years or more

Employment History
If renewal list only changes since last certification.       Otherwise List “NO CHANGE” in employer

From __________to __________  Employer ____________________________________ Contact ____________________

Address __________________________________________City ___________________State _______ZIP ____________

Contact Phone _______________________Contact Email _______________________Website ______________________

Title _____________________________________ Subjects Taught or Job Description ____________________________

___________________________________________________________________________________________________

From __________to __________  Employer ____________________________________ Contact ____________________

Address __________________________________________City ___________________State _______ZIP ____________

Contact Phone _______________________Contact Email _______________________Website ______________________

Title _____________________________________ Subjects Taught or Job Description ____________________________

___________________________________________________________________________________________________

From __________to __________  Employer ____________________________________ Contact ____________________

Address __________________________________________City ___________________State _______ZIP ____________

Contact Phone _______________________Contact Email _______________________Website ______________________

Title _____________________________________ Subjects Taught or Job Description ____________________________

___________________________________________________________________________________________________

From __________to __________  Employer ____________________________________ Contact ____________________

Address __________________________________________City ___________________State _______ZIP ____________

Contact Phone _______________________Contact Email _______________________Website ______________________

Title _____________________________________ Subjects Taught or Job Description ____________________________

___________________________________________________________________________________________________

Attach Validation of above Employment (Letters are used to validate information of current and or previous employer)

Letter to include Dates of Service, Title, Supervisor,
    Address, Contact Number Contact Email,
    Website Subjects Taught Additional Details

Letter to be On Company Letterhead Signed by Company Official

Letter can be Used for additional sources of support or recommendation
PART 8 Drafting Design Graphics & Digital Instruction Experience

List only Educational Employers where drafting design and graphics was part or all of your duties.

Are you currently engaged in Drafting, Design, Graphics or Digital Imaging?  
□ Yes □ No

Number of Years Employed as an Instructor in Drafting Design Graphics or Digital Curriculum
□ 0 - 3 years  □ 4 - 6 years  □ 7–9 years  □ 10 years or more

Instruction Experience
If renewal list only changes since last certification. Otherwise List “NO CHANGE” in employer

From __________ to __________ Employer ____________________________________ Contact ____________________
Address __________________________________________City ___________________State _______ZIP ____________
Contact Phone _______________________Contact Email _______________________Website ______________________
Title _____________________________________ Total Lab, Lecture & Classroom Hours Annually _________________
Areas Covered / Software Used _________________________________________________________________________
__________________________________________________________________________________________________

From __________ to __________ Employer ____________________________________ Contact ____________________
Address __________________________________________City ___________________State _______ZIP ____________
Contact Phone _______________________Contact Email _______________________Website ______________________
Title _____________________________________ Total Lab, Lecture & Classroom Hours Annually _________________
Areas Covered / Software Used _________________________________________________________________________
__________________________________________________________________________________________________

From __________ to __________ Employer ____________________________________ Contact ____________________
Address __________________________________________City ___________________State _______ZIP ____________
Contact Phone _______________________Contact Email _______________________Website ______________________
Title _____________________________________ Total Lab, Lecture & Classroom Hours Annually _________________
Areas Covered / Software Used _________________________________________________________________________
__________________________________________________________________________________________________

Attach Validation of above Experience (Letters are used to validate experience of current and or previous instruction)

Letter to include  Dates of Service,  Title,  Supervisor,
Address,  Contact Number  Contact Email,
Website  Subjects Taught  Additional Details
Letter to be  On Company Letterhead  Signed by Company Official
Letter can be  Used for additional sources of support or recommendation
INSTRUCTOR CERTIFICATION APPLICATION

Last Name _______________________________     First / Initial ______________________

___ New Instructor Certification         ____ Renewal of Instructor Certification     Date of Application ___________________

Print or type information.  Be sure all information is legible.  Incomplete forms will be not be processed and resubmission required.

PART 9  SKILLS and QUALIFYING BACKGROUND

In this section you will identify areas related to your design drafting professional abilities.

Total Number of years of industry related drafting experience _______
Total Number of years of drafting instruction experience in a full time program ______

What CADD Software can you operate and list years of experience in each.

_____________________years______  ___________________years______

_____________________years______  ___________________years______

_____________________years______  ___________________years______

General / Desktop Software can you operate and list years of experience in each.

_____________________years______  ___________________years______

_____________________years______  ___________________years______

_____________________years______  ___________________years______

Do you hold certifications / certificates / diplomas in areas related to design drafting graphics or the digital profession / instruction or implementation. List Title and Year received. Provide Photo Copy

_____________________year______  ___________________year______

_____________________year______  ___________________year______

_____________________year______  ___________________year______

PART 10  INSTRUCTOR EXAMINATION APPLICATION

In this section complete the information related to the applicable examination level you wish to challenge.

☐ NOTE:  Currently Certified and No Examination Required

☐ Apprentice Architectural     ☐ Apprentice Mechanical     ☐ Apprentice General Drafting

☐ Certified Drafter Mechanical     ☐ Certified Drafter Architectural     ☐ Certified Drafter General Drafting

☐ Certified Digital Designer     ☐ Certified Digital Technician

☐ Certified Civil Design Drafter     ☐ Certified Design Technician

If you are not taking the examination on a nationally scheduled test date or at an ADDA Test Site a proctor must be used to administer the examination. If a qualifying proctor is available at your location have them complete the below information. If you are using an off-site proctor a proctor form can be downloaded from http://adda.org/files/2014-ProctoringApplication.pdf. The proctor form must be completed and submitted to ADDA referencing this application.

NOTICE  The information you have provided in the prior sections will be used to process your application, membership and other benefits provided through your approved certification with ADDA. VISIT www.adda.org and navigate to ABOUT ADDA to find information on the Constitution, By-Laws, Missions, Ethics, Rules, Regulations and Requirements related to your membership and certification.
INSTRUCTOR CERTIFICATION APPLICATION

First / Initial ______________________  Last Name _______________________________

___  New Instructor Certification         ____ Renewal of Instructor Certification

Date of Application ___________________

Print or type information.  Be sure all information is legible.  Incomplete forms will be not be processed and resubmission required.

PART 11  PROCTOR INFORMATION

In this section the proctor must complete the information related to proctoring the applicable examination chosen.

Proctor to check all that apply
ADDACertified Professional □ yes □ no  If yes … what level(s)_______________________
Professional Member of ADDA □ yes □ no
Industry Professional □ yes □ no
Professional Educator □ yes □ no

If you are a Professional Educator is your school’s Curriculum ADDA Certified? □ yes □ no
Is your School one of the following classifications of Testing Locations
□ ADDA Authorized  □ ADDA Certified  □ Neither  □ Don’t Know

Will the applicant require accommodations due a physical disability □ yes □ no
If yes…. □ Hearing  □ Physical  □ Visual  □ Other ____________
Do any applicants require accommodations due to English as a second language □ yes □ no

Proctor’s Name ____________________________________________Cell Phone ___________________________
Home Address ____________________________________________Office Phone __________________________
City ________________________________State ______ Zip ____________

Personal Email Req’d _______________________________Company Email ____________________________________

This information needed to maintain communication prior and during the testing, review and examination process.

Name of Facility or School ___________________________________________________________________________
Address _________________________________City __________________________State ______ Zip ____________
Facility Manager / Contact __________________________________Cell Phone ___________________________

PART 12  FEE CALCULATION

In this area calculate the total payment for your Instructor Certification(s).

PRIMARY CERTIFICATION □ Certified Instructor $365.00 □ Professional Instructor $395.00 □ Master Instructor $465.00

Certification Area
□ General Apprentice  □ General Certified Drafter  □ Architectural Apprentice  □ Mechanical Apprentice
□ Architectural Certified Drafter  □ Mechanical Certified Drafter  □ Digital Designer /Technician

SECONDARY CERTIFICATION □ Certified Instructor $265.00 □ Professional Instructor $295.00 □ Master Instructor $365.00

Certification Area
□ General Apprentice  □ General Certified Drafter  □ Architectural Apprentice  □ Mechanical Apprentice
□ Architectural Certified Drafter  □ Mechanical Certified Drafter  □ Digital Designer /Technician

ADDITIONAL CERTIFICATION □ Certified Instructor $265.00 □ Professional Instructor $295.00 □ Master Instructor $365.00

Certification Area
□ General Apprentice  □ General Certified Drafter  □ Architectural Apprentice  □ Mechanical Apprentice
□ Architectural Certified Drafter  □ Mechanical Certified Drafter  □ Digital Designer /Technician

Total Certification Fees ________________

I hereby state and agree all the information provided is true and accurate. I understand that as a Certified Instructor and Member of ADDA International - American Design Drafting Association - American Digital Design Association (ADDA) at any level, I shall and will abide by the Constitution, By-Laws and the Code of Ethics of the ADDA. I will uphold the traditions, morals and standards of the ADDA and the Profession as outlined, established, adopted or set-forth by the Board of Directors and Governors of the ADDA. I have also read and understand the renewal process.

Signature of Applicant ____________________________________________Date of Application _________________
### INSTRUCTOR CERTIFICATION APPLICATION

#### PART 13 FEES & EXPIRATION of CERTIFICATION

Certifications are time and date sensitive. Certifications are renewable upon meeting specific criteria. The purpose of the renewal process is to assure the individual continues to meet the standards of industry and the necessary exposure to the profession and requirement based on the specific discipline in which the individual is employed or is exposed. Since the profession by nature requires a continuous training process to maintain industry criteria for the purpose of building, manufacturing or production, exposure to these methods and processes allow individuals to maintain and consistently update their skills and abilities.

Each Certification Renewal is viewed individually based on the criteria used by ADDA and accepted by major design firms and departments around the world. Additional training and continued work improvement are necessary to maintain the certification status.

Each Certification Level is renewed based on specific requirement for that level. Most Certifications expire if not renewed based on a specific time period from the month and year the certification is issued.

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Expiration</th>
<th>Certification Cost</th>
<th>Renewal Fee</th>
<th>Required Training</th>
<th>Renewal Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Instructor GDI</td>
<td>3 year Lifecycle</td>
<td>365.00</td>
<td>365.00</td>
<td>Training in Related Area Certification in Related AREA Institutional Sponsor</td>
<td>20 CEU in related area</td>
</tr>
<tr>
<td>Professional Instructor PDI</td>
<td>3 year Lifecycle</td>
<td>395.00</td>
<td>395.00</td>
<td></td>
<td>30 CEU in related area</td>
</tr>
<tr>
<td>Master Instructor MDI</td>
<td>3 year Lifecycle</td>
<td>465.00</td>
<td>465.00</td>
<td></td>
<td>35 CEU in related area</td>
</tr>
</tbody>
</table>

**Renewal Requirements**  
Within the lifespan of the Certification Certified Instructors at all levels must obtain CEU’s in a related field of Study. Proof of Continuing Education is required. Instructors at the PDI and MDI levels must maintain no less than 300 classroom contact hours during the 3 year certification lifespan. Sponsorship (employment) by an educational organization or facility is required.

**About your Instructors Certification**  
Individuals will be notified by last recorded address on file in the ADDA Corporate Office.

Each Certified Professional is responsible for maintaining current information to ADDA. Renewal Application must be completed and returned to ADDA with payment. Employer or School must verify employment criteria listed on Renewal Application. Proof of Related Training must be supplied with application.

**ADDITIONAL INFORMATION visit our website**  
[www.adda.org](http://www.adda.org)

#### PART 14 PAYMENT PROCESSING

Indicate Below the method of payment you wish ADDA to process. If you need assistance in processing your payment please contact us at 731-627-0802 x 102.

**CREDIT CARD PAYMENT**  
I hereby authorize ADDA to process my Credit Card for the required amount noted in the application and any cost related to the transaction if declined. Refunds or credits will be issued by ADDA Check when requested in writing stating reason and purpose and send to the address on the second page.

- **Name as on Card**
- **CC Number**
- **Exp Date**
- **CVS Code**

- **Card Type**
  - [ ] Visa
  - [ ] MasterCard
  - [ ] AmEx
- **Name as it Appears on Card**

- **CC Billing Address**
- **City**
- **State**
- **Zip**

- **Phone Number Listed with Credit Card Account**
- **Email listed with CC Account**

**PERSONAL / COMPANY CHECK / MONEY ORDER**

**PURCHASE ORDER**  
Attach purchase order to this application

Certification will not be issued until payment has been received

- **Name of Company**
- **P.O. Number**
- **Date Issued**

**Re-Scheduling - Cancellations & Applicable Fees**

The APPLICANT must notify the ADDA Corporate Office and the Examination Proctor for re-scheduling or cancellation intentions. ADDA will accept Cancellations or Re-Scheduling for the examination by phone, email or by letter within 24 weeks of the original application receipt. ADDA must receive Cancellation or Re-Scheduling Notice ten (10) working days or more prior to scheduled examination date. ADDA must receive written confirmation of Applicant’s Intent, by letter, email or fax within 7 days of the original notification to cancel or re-schedule. Refunds are subject to administration fees of $55.00 which includes: $25 Processing Fee and the $30 cost of the review guide. Re-Examination cost shall be per attached schedule on the reverse of this form. Additional Review Guides on CD are available for $20.00 (postal shipping included) Review Guides are non refundable and non returnable. Paper Printed Review Guides are available for a $45.00 including shipping cost. Return Check and Bank Fees apply for collection when applicable and are subject to a $25.00 Administration and Processing Fee.

No exceptions to the above conditions except where outlined under the ADDA Operational Policy.

ADDA  
230 East Main Street Newbern TN 38059  
Telephone 731-627-0802 Fax 731-627-9321  
Email corporate@adda.org