



Curriculum Certification Renewal Application Page 1 of 3

Name of School: _____

Address: _____
Street City State Zip

Telephone Number _____ Fax Number _____

Administration: Privately Operated State Supported Community Operated
 Church Operated Other: _____

Curriculum Certification Year Applying (Example 2006) _____
(It is acceptable by ADDA to early certify programs up to 6 months prior (Example: 2006 equates to Sept. 01, 2005 – Aug. 31, 2006)

School Accrediting Organization: _____

Name of curriculum program being certified (one only): _____

Number of students enrolled in curriculum for which certification is applied for: _____

Average number of graduates per year (for past 5 years): _____

Division of certification applying for: Scholastic *Programs related to an Associate Degree or Higher*
 Technical *Programs related to a Diploma or Certificate*

Classification of certification Designer Design Drafter Drafter Apprentice Drafter

Discipline of Study Architectural Mechanical Civil Digital Imaging

ADMINISTRATION (Superintendent of Schools, Chair of Education Board, or other Authoritative Board)

Administrative Head: _____
Name Title

Administrators Address _____
Street – P.O. Box City - State - Zip Code

Administrators Telephone Number _____ Extension _____

Administrators Fax Number _____

Administrators Email Address _____



Curriculum Certification Renewal Application Page 3 of 3

LEVELS OF CERTIFICATION and FEES

- Each program will be reviewed for its content and requirement.
- Unless otherwise requested programs will be certified based on core drafting practices and the academic requirements set forth by the state department of education.

DESIGNER	\$485.00
DESIGN – DRAFTER	\$435.00
DRAFTER	\$385.00
APPRENTICE DRAFTER - Post-Secondary and above	\$335.00
APPRENTICE DRAFTER – Secondary Only	\$285.00

END of CURRICULUM CERTIFICATION APPLICATION INFORMATION

**PROCEED TO PROVIDING INFORMATION REQUIRED
ON THE FOLLOWING
CURRICULUM CERTIFICATION RENEWAL FORM**

ADDA REQUIRES THIS INFORMATION TO BE PROVIDED



Curriculum Certification Renewal Form Page 1 of 4

This renewal form is a supplement to your original Curriculum Certification Package provided to ADDA. The filing of this form is required for re-validation of your Curriculum Certification issued by ADDA.

Answer Questions Yes or No, and attach required documents. - You may return this form Electronically via email or CD to pking@adda.org

Documentation sent electronically, must be in Microsoft Word, Excel, JPG or PDF.

Document Titles Documents are to be submitted with the following title formats.

Example - ttc-newbern-0910-tab03 (Tennessee Technology Center, Newbern TN, 09-10 School Year – Tab03 Information

Example - cchs-kansascity-0910-tab12 (Central City High School, Kansas City MO, 09-10 School Year – Tab12 Information

Tab	Tab Title listed on Original Submission Documentation	
01	<input type="checkbox"/>	<input type="checkbox"/> APPLICATION
	Yes	No
	Is a renewal Application for ADDA Curriculum Certification attached to this document? This document is available for download from www.adda.org	
02	<input type="checkbox"/>	<input type="checkbox"/> PROGRAM EVALUATION CHECK LIST
	Yes	No
	This information is not required under the Renewal Documentation	
03	<input type="checkbox"/>	<input type="checkbox"/> PROOF of CLAIMS
	Yes	No
	Of your graduates or program completers since the last renewal, provide the approximate percentages of the completers employed _____, completers continuing their training at this or another location _____, completers unaccounted for _____ (Percentages must equal 100)	
04	<input type="checkbox"/>	<input type="checkbox"/> PROGRAM PURPOSE
	Yes	No
	Has the Purpose of your program changed since the last renewal? If so, please attach the new or revised purpose of your program.	
05	<input type="checkbox"/>	<input type="checkbox"/> ADVISORY COMMITTEE
	Yes	No
	Has additions, deletions or changes occurred to your program advisory committee? If yes, please attached a complete list of your advisory committee, including their names, addresses, email, telephone numbers and discipline of employment.	
06	<input type="checkbox"/>	<input type="checkbox"/> ADVISORY COMMITTEE RECORD OF MEETINGS
	Yes	No
	Please attach a copy of ALL your advisory committee minutes since your last filing. These documents are required to review your program's progress and the implementation of issues discussed by your local industries. It also provides a record of the over all needs of the national design drafting industry.	
07	<input type="checkbox"/>	<input type="checkbox"/> Curriculum Analysis
	Yes	No
	Has your Curriculum Analysis Changed? If so, provide this information and attach to this renewal form.	
08	<input type="checkbox"/>	<input type="checkbox"/> Faculty Information Sheet
	Have there been any changes in your program faculty since the last filing? This would include new or replaced instructors directly related to the programs, such as the department head, drafting or design, math, science, physics, etc. If so please attach a list, including the names, addresses, email, telephone numbers and course taught. NOTE: If you are applying for a design drafter level certification or above please attach a resume of each individual.	



ADDA Curriculum Certification Renewal Form Page 2 of 4

Tab	Tab Title listed on Original Submission Documentation	
09	Program Information	
	Mark the level of your current Curriculum Certification in the adjacent box to the levels indicated.	
	<input type="checkbox"/>	Apprentice Drafter Level – Secondary School
	<input type="checkbox"/>	Apprentice Drafter Level – Post Secondary School
	<input type="checkbox"/>	Drafter Level
	<input type="checkbox"/>	Design Drafter Level
	<input type="checkbox"/>	Design Level
10	<input type="checkbox"/>	Equipment List
Yes	No	Have you made any major changes to your equipment, since your last renewal? This would include adding, removing or updating major equipment such as computers, printers or software. If updates have been made, please attach a list to this renewal form.
11	<input type="checkbox"/>	Text Books Used
Yes	No	Have you made any major changes to your textbooks, since your last renewal? This would include adding, removing or updating your major classroom text. If updates have been made, please attach a list to this renewal form.
12	<input type="checkbox"/>	Major Reference Materials Used and On-site
Yes	No	Have you made any major changes to your reference materials, since your last renewal? This would include adding, removing or updating major reference publications such as standards, building codes, shop manuals, Sweets Catalogs or Machinist Handbooks. If updates have been made, please attach a list to this renewal form.
13	<input type="checkbox"/>	Floor Plan of the Drafting / Design Department
Yes	No	Have you made any major changes to your floor plan, layout, or classroom location since your last renewal? This would include relocating or updating your classroom location or the physical layout of your classroom. If updates have been made, please attach a list to this renewal form.
14	<input type="checkbox"/>	Digital Photographs
Yes	No	Did you make changes under Item Number 13? If so, please provide digital photographs of these changes and attach a list to this renewal form.
15	<input type="checkbox"/>	Course Overview
Yes	No	Have major changes been made to your course overview since your last renewal? If changes have been made, please attach to this renewal form.
16	<input type="checkbox"/>	Student Syllabus
Yes	No	Have major changes been made to your Student Syllabus since your last renewal? If changes have been made, please attach to this renewal form.
17	<input type="checkbox"/>	Instructor Syllabus
Yes	No	Have major changes been made to your Instructor Syllabus since your last renewal? If changes have been made, please attach to this renewal form.
18	<input type="checkbox"/>	Detailed Lesson Plan
		Have major changes been made to your Lesson Plan since your last renewal? If changes have been made, attach examples to this renewal form.



ADD A Curriculum Certification Renewal Form Page 3 of 4

Tab			Tab Title listed on Original Submission Documentation
19	<input type="checkbox"/>	<input type="checkbox"/>	Quizzes, Test, and Final Examinations
Yes	No	Have major changes occurred in Quizzes, Test or Examinations since your last renewal? If changes have been made, attach examples to this renewal form.	
20	<input type="checkbox"/>	<input type="checkbox"/>	Additional Requirements
Yes	No	Have any additional requirement occurred to your program since your last renewal? If changes have been made, attach a list to this renewal form.	
21	<input type="checkbox"/>	<input type="checkbox"/>	Cooperative Programs or Internship Programs
Yes	No	Have you added or made any changes to the requirement of your cooperative or Internship Programs since your last renewal? If changes or additions have been made, attach a detailed explanation or the requirements to this renewal form.	
22	<input type="checkbox"/>	<input type="checkbox"/>	Correspondence
Yes	No	Have you any correspondence which may be considered applicable to your program? This correspondence could be letters from employers of former students, former students speaking of training received or other information which would promote the drafting and design industry. Attach any applicable information to this renewal application.	
23	<input type="checkbox"/>	<input type="checkbox"/>	Additional Information
		Have you any additional information which may be considered applicable to your program? This information could be articles from local papers, involvement in community activities, site visits to industry or construction sites or other related activities. Attach any applicable information to this renewal application.	

DISCLAIMER – TERMINATION - CERTIFICATION REGULATIONS

Certification may be canceled for any of the following reasons:

1. A lessening or weakening of the program curriculum.
2. An unfavorable report from the school's Advisory Committee.
3. Failure to submit an Annual Renewal Report to ADDA
4. Failure to provide additional verification details
5. False information issued in annual report
6. Information submitted that cannot be validated
7. Violation of the ADDA Code of Ethics
8. Failure to pay the annual renewal fee.

Should the Certification be invalidated the following items must be followed:

1. Discontinue announcing ADDA's Certification of their curriculum.
2. Discontinue publicizing the ADDA's Certification of their curriculum
3. Return the Curriculum Certification Certificate to the Corporate Office
4. Discontinue administering the Certification Examinations under the Curriculum Certification clause of the Testing Site Criteria

ADD A Procedures upon Certification Invalidation

ADD A reserves the right to post, print, publish and notify disciplinary actions taken against any school or institution to the membership, departments of education, and any other public, private, or government agency that has interest in the ADDA certification process, for the purpose of strengthening and safeguarding the validity and reputation of this association and it's membership.



ADDA Curriculum Certification Renewal Form Page 4 of 4

AFFIDAVIT & VERIFICATION OF REQUIREMENTS

I hereby verify and affirm that all requirements for Curriculum Certification Renewal, as set forth by the ADDA International, have been fulfilled to the best of my knowledge and are accurate and truthful; the attached documentation which contains the application and data are submitted for the Association's Curriculum Certification Committee review and continued certification. I also affirm that I have read and understand the attached disclaimer and do hereby agree with the statements and purpose set forth.

Print Name _____ Signed _____
Authorized School Official School Official

Future Annual Renewal Statements are to be submitted to, which of the following (check all that apply)

_____ Administrative Head _____ Submitter _____ Authorized School Official

AUTHORIZATION (Department Head, Program Director, School Director, Principle, or Dean)

If Authorizing Official is different from any persons above, please provide the following information for our records.

School Official Address _____
Street - P.O. Box City - State - Zip Code

School Official Telephone Number _____ Extension _____

School Official Fax Number _____

School Official Email Address _____

ISSUANCE

By issuance of these documents by electronic means, I the sender, through these actions hereby take responsibility of all parties involved and they are aware of and approve of this transaction. Through this communication method, I personally validate the authority, permission and use of the information provided and each party listed is aware of the legal and financial responsibilities. This shall include all agreements of payment, validations, authorizations, verifications, affidavits and authority of implementation.

Issuers Name _____

Issuers Email _____

Issuers Title _____

Issuers Immediate Supervisor _____

Date of Issue _____