



# CHANGE OF INFORMATION FORM CHANGE OF ADDRESS FORM

**Instructions:** *Print or type information. Be sure all information is legible. Incomplete forms will be processed..*

**Change of Address or Information Disclaimer:** I understand that upon submission of this form all information concerning my current statuses with ADDA will reflect the change of address submitted. Any further correspondence from ADDA will be done to the related address, telephone, fax, or email address provided.

**Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTICE** If you have married or have had a name change for other reasons \_\_\_\_\_  
Enter your Former Full Name in the space provided \_\_\_\_\_  
Last Middle First

Enter your Full Name \_\_\_\_\_  
Last Middle First

## ADDA Contact Information Changes

Enter only the Information you wish to change

- Name Change Only
- Change of Job Title      New Job Title \_\_\_\_\_
- Change Home Address      New Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Change Business Address      Name of Business \_\_\_\_\_  
New Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Change Phone / Fax      Business Number \_\_\_\_\_ New Fax Number \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_
- Change Email      New Email Address \_\_\_\_\_

## Choose All Appropriate Information which will Reflect Changes

- Are you a Member of ADDA?    Yes  No   
 What level(s)     Professional     Associate     Student     Other Type  
 If a Student are you now or have been an ADDA Chapter Member?    Yes  No
- Are you currently ADDA Certified?    Yes  No     What level(s)
- |                 |                              |                              |                              |
|-----------------|------------------------------|------------------------------|------------------------------|
| Mechanical      | <input type="checkbox"/> AD  | <input type="checkbox"/> CD  | <input type="checkbox"/> CDD |
| Architectural   | <input type="checkbox"/> AD  | <input type="checkbox"/> CD  | <input type="checkbox"/> CDD |
| Civil           | <input type="checkbox"/> CDD | <input type="checkbox"/> CDT |                              |
| Digital Imaging | <input type="checkbox"/> CDD | <input type="checkbox"/> CDT |                              |
- Are you a Professional Educator?    Yes  No     Is your school's Curriculum ADDA Certified?    Yes  No
- Are you an Industry Professional?    Yes  No     Primary discipline(s) \_\_\_\_\_

## Issuance or Replacement of Certificates

- I am requesting a replacement Certificate(s)     Membership     Professional Certification
- NOTICE** *Replacement Certificates required a FEE of \$10.00 each, which includes Postage and Handling.*
- Choose the Appropriate Professional Certification Certificate
- |            |                              |                              |                              |                 |                              |                              |                              |
|------------|------------------------------|------------------------------|------------------------------|-----------------|------------------------------|------------------------------|------------------------------|
| Mechanical | <input type="checkbox"/> AD  | <input type="checkbox"/> CD  | <input type="checkbox"/> CDD | Architectural   | <input type="checkbox"/> AD  | <input type="checkbox"/> CD  | <input type="checkbox"/> CDD |
| Civil      | <input type="checkbox"/> CDD | <input type="checkbox"/> CDT |                              | Digital Imaging | <input type="checkbox"/> CDD | <input type="checkbox"/> CDT |                              |

Print Name as to appear on Certificate: \_\_\_\_\_

**Approval of Change:** I understand that upon affixing my signature, I am authorizing ADDA to make the listed changes to all appropriate areas related to my Professional Membership, Certifications and Listings.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_



# ADDA Certified Professional Professional Certification Renewal Information

## CERTIFICATION RENEWAL PROCESS

ADDA Professional Certifications are time sensitive. **ADDA Professional Certifications do expire** after a given time period. 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.

## RENEWAL REQUIREMENTS & FEES

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.

Certification Type	Certification Length	Examination Cost	Renewal Fee	Recommended Training	Renewal Requirements
Apprentice Drafter "AD"	Expires 5 Years from Date of Issue	\$85.00 General \$75.00 Member \$75.00 Cert Program \$65.00 Contract	None Re-Testing Req'd	1 year On-the-Job Training or 400 – 600 Contact Hours of Practical Discipline Specific Education	Non-Renewable
Certified Drafter "CD"	3 years	\$155 Non Member \$125 Member \$105 Certified Program <b>Re-Examinations</b> \$95.00 Member \$120.00 Non Member	Same as test cost  \$45.00* for Select or Elite or ADDA Members	2 years On-the-Job Training or 800 -1200 Contact Hours of Practical Discipline Specific Education	Requires Individual to be employed 2 out of 3 years in the profession and 30 contact hours of additional related training ** See Below
Certified Design Drafter Certified Digital Designer "CDD"	3 years	\$210 Non Member \$180 Member <b>Re-Examinations</b> \$130.00 Member \$160.00 Non Member	Same as test cost  \$60.00 * for Select or Elite ADDA Members	Examination Designed for individuals with approximately 3-5 years of Discipline Specific Work Experience	Requires Individual to be employed 2 out of 3 years in the profession and 30 contact hours of additional related training ** See Below
Certified Design Technician Certified Digital Technician "CDT"	3 years	\$265 Non Member \$225 Member <b>Re-Examinations</b> \$175.00 Member \$215.00 Non Member	Same as test cost  \$75.00 * for Select or Elite ADDA Members	Examination Designed for individuals with approximately 5 + years of Discipline Specific Work Experience	Requires Individual to be employed 2 out of 3 years in the profession and 30 contact hours of additional related training ** See Below

\* Members who have 3 years or more, continuous annual membership shall receive the Select or Elite Membership Pricing.

\*\* Notice: Contact training hours will be required in design related courses. Specific Software Training will not be considered applicable. All related documents indicating verifiable CEU hours will be required. *Beginning January 2013, all recertification will require Employment and 30 CEUs or 100 CEU's of related certification level training, if employment criteria can not be fulfilled.*

## SELECT & ELITE MEMBERSHIP PACKAGES

Professional Select Membership - ADDA Certified Professionals in North America at any level certification. \$210.00 for three years

Professional Elite Membership - ADDA Certified Professionals in North America at any level certification. \$325.00 for five years

[See ADDA Membership Application for membership requirements and additional information.](#)

ADDA will accept pre-payment for Select or Elite Membership to meet the requirements of the lower renewal fees. However pre-payment will be required for memberships prior to the next certification renewal cycle. Accepting this option requires Continuous Membership during the certification cycle.

## RENEWAL PROCESS

Individual 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. ADDA will verify membership requirements for ADDA Member Renewal Rates.

## ADDITIONAL INFORMATION visit our website

[www.adda.org](http://www.adda.org)

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Telephone 731-627-0802

Fax 731-627-9321

email [dbrenton@adda.org](mailto:dbrenton@adda.org)