CERTIFIED DIVISION ORDER ANALYST
APPLICATION FORM
(Application must be legible)

Application Fee: **NADOA Member** **$50.00** (due with application)

Certification Fee: **NADOA Member** **$100.00** (due once passed exam)

I recognize the need to establish a standard by which the professional status of the Division Order Analyst can be enhanced and strengthened in order that the industry, the public, and other official groups will recognize as reliable evidence that one who has been designated a Certified Division Order Analyst (CDOA) possesses experience, knowledge, and professional competency in the duties generally associated with the Division Order Administration. This standard will denote that the CDOA has a sense of personal and professional ethics, high moral character and integrity. I also believe that it is necessary to continue my education in Division Order work to maintain a high level of professional competency.

I. **PERSONAL DATA**

Name _____ Home Phone _____
(First) (Middle) (Last) (Area code/number)

Home Address _____
(Street) (City) (State) (Zip code)

Employer _____ Job Title _____

Business Address _____ Business Phone _____
(Area code/number)

Please indicate preferred address for mail _____

Email address _____

II. **EDUCATION**

Name and address of University/College _____

_____

Years attended _____ (month/year) to _____ (month/year)

*Did you graduate? _____ Degree received _____

Major area of study _____

** Please furnish copy of diploma(s)* ***or*** *transcript(s).*

III. **WORK EXPERIENCE**

Please list below and on additional sheets (as needed) **all** jobs held since you first engaged in Division Order work. Include the following information and use this format for **each** employer.

Employer Name _____

Employer Address _____

Supervisor _____ Phone Number _____
(Area code/number)

Job Title _____ Dates Employed _____ to _____
(Month/year) (Month/year)

Job Description _____

_____

_____

_____

_____

Describe, in detail, your duties (specifically the areas of Division Order work). Be specific concerning details of work performed (i.e. new setups, curative work, title work, farmouts, etc.)

IV. **SPONSORSHIP**

Applicant is required to secure sponsorship from three (3) individuals including supervisor or manager and two (2) Certified Division Order Analysts or to request in writing and attach to this application that this requirement be waived in favor of sponsorship from one or more (totaling three) replacements. The three sponsor verifications must cover the full work period. The sponsors will be required by the Certification Committee to describe on a separate form the Applicant's experience and attest to his ethics. Sponsors must know the Applicant personally and be willing to attest to the Applicant's qualifications, job experience, and ethical conduct. Sponsors may be required to answer other Committee questions bearing upon Applicant's qualifications and should not be named unless willing to supply such information.

The names and addresses of three sponsors (or alternates) should be shown on this form. Please be sure each sponsor is provided with a verification form with instructions. Sponsor verification forms are provided with this application.

Name Position Company Address

(1) _____

(2) _____

(3) _____

V. OATH OF CERTIFICATION

As an Applicant for Certification through the National Association of Division Order Analysts (NADOA), I do hereby attest that all of the information given is true and accurate to the best of my knowledge. I understand that failure to disclose any information which might affect my eligibility shall be grounds for denial or revocation of Certification. I further understand that Certification can be denied or revoked for breach of any of the ethical standards as set forth in the Voluntary Certification Policy and NADOA Bylaws.

(1) I hereby attest that I have never betrayed my employer's trust by using confidential or restricted information for personal gain or for another's benefit.
(2) I hereby attest that I have never been required to repay any funds to an employer due to embezzlement, fraud, misappropriation of funds, theft, mishandling of monies, or for conspiring to do the same.
(3) I hereby attest that I have never been convicted, adjudged or otherwise recorded as guilty by any court of competent jurisdiction of a criminal offense involving fraud or any other serious crime.
(4) I hereby attest that I have never been found liable in any civil action because of failure to perform or a breach of trust/confidence with my employer.

If the applicant cannot attest to any of the above items, please indicate below that to which you cannot attest and explain the circumstances _____

_____

_____

In making my application, I hereby authorize the Certification Committee to verify this information.

Upon completion of the Application process outlined in Section 3.3.1 through Section 3.3.4 of the Voluntary Certification Policy, the Applicant will receive written notice of the final approval, or denial, of application by the Committee. The Applicant may appeal to the NADOA Board of Directors within forty-five days of receipt of said notice. The NADOA Board of Director's decision is final.

I further agree that in the event Certification is denied, or if granted and later withdrawn for any reason, I will make no claim against the NADOA Board of Directors, Certification Committee, individual Committee members, or any person(s) submitting evidence which leads to this action. I hereby agree to indemnify the above-mentioned parties for any attorney's fees and/or court costs which may arise from any civil action initiated by me against NADOA or individuals involved in the Certification process.

Furthermore, I pledge that if I am accepted as a Certified Division Order Analyst, I will endeavor to maintain a high degree of professional competence. I further pledge to act in conformity with the Code of Ethics of the National Association of Division Order Analysts. All my efforts as a CDOA will be directed toward raising the profession to its highest level.

WITNESS: **SIGNATURE OF APPLICANT:**

_____

Date: _____ _____