



Curriculum Certification Application Page 1 of 4

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 (Degree Program) ☐ Technical (Certificate / Diploma Program)

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 _____



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SUBMISSION (Instructor, Teacher, Department Head, or Program Director)

Submitted by: _____
Name Position

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

Submitters Telephone Number _____ Extension _____

Submitters Fax Number _____

Submitters Email Address _____

Attached Certification Fee in the amount of: \$ _____ Date: _____

Note: ADDA Curriculum Certification is valid from date of approval until August 31 of the year for which certification is applied. Application will be approved as soon as time permits. ADDA can issue a letter of intent if required by the State Department of Education. This will be based on the approval of the application and package contents, final approval will be made upon verification of documents. If curriculum certification is denied, ADDA will not issue refunds. The process of verifying all documents is completed on all applications. ADDA will notify the program director of the errors and explanation of correction that need to be made.

VERIFICATION OF REQUIREMENTS

I hereby verify that all requirements for Curriculum Certification, as set forth by the ADDA, have been fulfilled to the best of my knowledge; the attached application and data are submitted for the Association's Curriculum Certification Committee review and approval.

Print Name _____ Signed _____
Authorized School Official School Official

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 _____



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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	\$500.00
DESIGN – DRAFTER	\$450.00
DRAFTER	\$400.00
APPRENTICE DRAFTER - Post-Secondary and above	\$350.00
APPRENTICE DRAFTER – Secondary Only	\$300.00

END of CURRICULUM CERTIFICATION APPLICATION INFORMATION

Proceed and complete the Affidavit on Page 4 of 4

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

ADDA Procedures upon Certification Invalidation

ADDA 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 Form

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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 _____

NOTICE ADDA Requires a hardcopy of these 4 pages, with original signatures be provided with your completed curriculum certification package. The Issuance Statement above must be completed and issued on the Compact Disk and is considered a validated document.