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| **Information about this form** |
| This form is designed to establish your eligibility to apply for acceptance as an Electronic Document Associate (EDA) in the Electronic Document Professional (EDP) Certification Program. The EDA designation is an entry point into the EDP Certification Program.  Once you apply and are confirmed as an EDA, you will have the resources of the EDP Certification Program available to help you on your journey towards certification as an EDP. Please take a minute to read through the application before starting to complete the sections.  The requirements are simple:   * You need to be currently working in the Electronic Document Industry, have a minimum of 2 years active work experience in the industry, and have earned an equivalent of 50 education credits. Education credits are earned through post-secondary education, certified continuing education classes related to the Electronic Document Industry and attending industry related events.   Complete the sections that ask for information about you and your work in the Electronic Document Industry as well as education credits. Then sign the Declaration and give us information on how you are making your payment. If you need to use additional pages to note additional educational courses, etc., then please indicate clearly on these pages your name and the sections to which the information relates.  Finally, we recommend that you make a **copy** of everything and send the original application form and any additional notes along with copies of your supporting information to Xplor Headquarters. We will let you know if your application is successful.  Good luck, and if you have any questions, please call us at: +1-800-669-7567 or +1-813-949-6170 outside the USA. |

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| **Information about you** | |
| ***Name (First, Middle Initial, Last):*** |  |
| ***Address, City, State or Province, Zip or Postal Code, Country:*** |  |
| ***Phone:*** |  |
| ***Email Address:*** |  |

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|  | I am currently employed in the field of electronic documents. |
|  | I have worked in the field of electronic document systems or in a related field for        years, from       to      . |
|  | An EDP referred me to the Electronic Document Associate (EDA) application as part of the Electronic Document Professional (EDP) Certification Program. His/her name is  *Note: The EDP may earn knowledge sharing credits towards his or her recertification by referring you to the EDP Certification Program.* |

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| **Your work in the industry – You need 2 years** | |
| **Please describe your employment starting with your current position** | |
| ***Company Name*** | ***Your Position or Title*** |
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| ***Company Address*** | ***Contact Name, Contact Phone and/or Email Address*** |
|  |  |
| ***# of Years***      , ***From (Year)***       ***To (Year)*** | |
| **Please describe your previous employment** | |
| ***Company Name*** | ***Your Position or Title*** |
|  |  |
| ***Company Address*** | ***Contact Name, Contact Phone and/or Email Address*** |
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| ***# of Years***      , ***From (Year)***       ***To (Year)*** | |
| ***Company Name*** | ***Your Position or Title*** |
|  |  |
| ***Company Address*** | ***Contact Name, Contact Phone and/or Email Address*** |
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| ***# of Years***      , ***From (Year)***       ***To (Year)*** | |

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| **Your education credits – You need 50** | |
| **Please describe your higher education, college or degree earning studies – 10 credits per year; maximum 50** | |
| ***Organization*** | ***Course*** |
|  |  |
| ***# of Years***      , ***From (Year)***       ***To (Year)*** | |
| ***Organization*** | ***Course*** |
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| ***# of Years***      , ***From (Year)***       ***To (Year)*** | |
| ***Organization*** | ***Course*** |
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| ***# of Years***      , ***From (Year)***       ***To (Year)*** | |

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| **Please describe your electronic document industry-related courses with examination or accredited courses – 10 credits per Continuing Education Unit (CEU) or Passing Grade** | |
| ***Organization*** | ***Course*** |
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| ***Year Course Taken***       ***# of Course Days***       ***# of CEUs Earned or Grade*** | |
| ***Organization*** | ***Course*** |
|  |  |
| ***Year Course Taken***       ***# of Course Days***       ***# of CEUs Earned or Grade*** | |
| ***Organization*** | ***Course*** |
|  |  |
| ***Year Course Taken***       ***# of Course Days***       ***# of CEUs Earned or Grade*** | |
| ***Organization*** | ***Course*** |
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| ***Year Course Taken***       ***# of Course Days***       ***# of CEUs Earned or Grade*** | |
| ***Organization*** | ***Course*** |
|  |  |
| ***Year Course Taken***       ***# of Course Days***       ***# of CEUs Earned or Grade*** | |

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| **Please describe your attendance, in the past 5 years, at conferences, courses, seminars, and certificate programs sponsored by educational institutions, professional trade associations, vendors, government agencies, consulting firms and other relevant seminars. All must be directly related to the electronic document industry to qualify for credits. Each activity must have professional content and instructor/ presenter – 6 credits per day / 3 credits per half-day.** | |
| ***Organization*** | ***Course*** |
|  |  |
| ***Year Attended***       ***# of Days*** | |
| ***Organization*** | ***Course*** |
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| ***Year Attended***       ***# of Days*** | |
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| ***Organization*** | ***Course*** |
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| ***Year Attended***       ***# of Days*** | |
| ***Organization*** | ***Course*** |
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| ***Year Attended***       ***# of Days*** | |

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| **Please describe your attendance, in the past 5 years, at online webinars sponsored by educational institutions, professional trade associations, vendors, government agencies, consulting firms and other relevant webinars. All must be directly related to the electronic document industry to qualify for credits. Each activity must be at least one hour, have a professional content and instructor/presenter – 1 credit per hour; up to a maximum of 5 credits per day** | |
| ***Organization*** | ***Webinar Name*** |
|  |  |
| ***Date Attended***       ***# of Hours*** | |
| ***Organization*** | ***Webinar Name*** |
|  |  |
| ***Date Attended***       ***# of Hours*** | |
| ***Organization*** | ***Webinar Name*** |
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| ***Date Attended***       ***# of Hours*** | |
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| ***Date Attended***       ***# of Hours*** | |

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| **Code of Ethics for Electronic Document Associates** | |
| As an Electronic Document Associate, I will strive to maintain and improve the standards of the profession and encourage the spread of knowledge relating to the development of the industry.  I acknowledge that I have an obligation to society. Therefore, I will actively cooperate with other Electronic Document Associates to promote the understanding of the key role of electronic document systems in business and its power to help people communicate.  I recognize that as part of a worldwide fellowship I shall be loyal to my fellow Electronic Document Associates, and be willing to share my experience and participate in ways to advance the technology and our profession. I will not use confidential information pertaining to the business of a fellow Electronic Document Associate to advance my own interests.  As an Electronic Document Associate, I recognize the need for an open relationship among customers and suppliers. I shall, therefore, endeavour to be honest and fair in my commercial relationships.  I have an obligation to use electronic document systems in ways that will best meet my employer's mission and encourage other associates within the organization towards the same goals.  I acknowledge that this Code of Ethics is an integral part of the rights and responsibilities conferred upon me as an Electronic Document Associate. | |
| **Declaration** | |
| I certify that the information supplied here is true and correct. I understand that any knowingly false statement herein is grounds for this application to be rejected or the EDA designation, if granted, to be revoked.  By signing this document, you grant Xplor International the right to use your name and/or company name to promote your success in the Electronic Document Certification program. Your contact details will not be released to any third parties without prior consent.  Check the appropriate box for agreement: Yes, you can use my name:  company name:  both: | |
| ***Signature*** | ***Date*** |
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| **Information about your payment** | | | |
| **The US $150 application fee is non-refundable and is required for the EDP Registrar to determine your eligibility for the EDA designation. If your EDA application is successful and you apply for EDP Certification within five years of being awarded your EDA designation, the USD $50 EDP application fee will be waived. You will still be responsible for the USD $300 submission fee for the work examples. You can pay by a US bank check in US dollars or by one of the credit cards listed below.** | | | |
| Check | VISA | MasterCard | American Express |

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| ***Make Checks Payable to:***  Xplor International | ***Mail Checks to:***  Xplor International, 24156 SR 54, Ste 4, Lutz, FL 33559 USA |

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| ***Credit Card Number:*** |  |
| ***Expiration Date:*** |  |
| ***Security Code:*** |  |
| ***Address where credit card statement is received:*** |  |

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| **Thank you for applying to the EDP Certification Program for an EDA designation. Please remember to provide supporting documentation, such as copies of course certificates, certification awards, diplomas, or conference registration documents or attendance badges. If you needed additional space when filling out the sections, then please remember to attach the additional sheets.**  **If you want more information on the certification program, its requirements and the timeline, please go to** [**http://xplor.org/edp-certification-program/**](http://xplor.org/edp-certification-program/) **or** [**edp@xplor.org**](mailto:edp@xplor.org)**.**  **Please complete this form and return it with copies of all your supporting information and your application fee to:**  **Xplor International**  **24156 SR 54, Ste 4**  **Lutz, FL 33559**  **USA** |