



# National Association of Construction Auditors

## Instructions

The Association is comprised of internal auditors, public accountants, construction accountants, construction project managers, owner's representatives, architects, engineers, cost engineers, service providers, and educators in related disciplines. We also admit professionals from other groups that are related to the objectives of the Association.

**APPLICATION FEE:** A non-refundable fee of \$150 is due when a membership application is submitted.

**MEMBERSHIP and CERTIFICATION:** The processes of pursuing membership and pursuing certification are distinctly separate, **but they may be pursued simultaneously**. Applicants desiring certification must first be accepted as a member. Only members may petition for certification. All applicants admitted into membership are assigned Associate Member status. Upon being granted certification, the associate member automatically becomes a Regular Member.

**GRANDFATHERING PROVISION:** Members who are senior professionals may petition for certification under this provision. Candidates must:

- Have at least five years of professional experience;
- Demonstrate at least 75 qualifying points;
- Submit a completed Petition for Certification; and
- Complete minimum 20 hrs of Continuing Professional Education per year.

**ASSOCIATE MEMBER:** Applicants must demonstrate they work within one of the professional disciplines targeted for membership. Full-time students attending an approved post-secondary institution may also apply. \$100 yearly membership dues will apply. **Complete Part 1.**

**REGULAR MEMBER:** Only Certified Construction Auditors (CCA) or Construction Control Professionals (CCP) possess Regular Membership status. Members seeking certification must

demonstrate to the Membership and Certification Committee they meet the minimum standards of the Grandfathering Provision. \$275 first year membership dues will apply. **Complete Parts 1 & 2.**

**CRITERIA AND POINTS SECTION:** NOTE: For degrees, Candidates may claim points **ONLY** for the *highest degree earned*.

A. **EDUCATION:** Associate Degree = 15 points, Bachelor Degree = 30 points, Masters Degree = 45 points and Doctorate = 60 points. Candidates may be required to provide a certified copy of a college diploma or transcript.

Applicants may claim five (5) points for each year of full-time Post-Secondary education **ONLY** if an applicant **does not** possess a related Associate or Bachelor degree. **ONLY** enrollment in an accredited college or university in a related course of study qualifies. This includes, but is not limited to accounting, auditing, business, engineering, architecture, and project management. Credit in this section may not be counted in any other education item.

B. **SPECIALITY TRAINING:** Claim points on the basis of two (2) points per week of training (40 contact hours) in a related topic area. The training must be from an accredited continuing professional education provider.

C. **PROFESSIONAL DESIGNATIONS:** A total of ten (10) points may be claimed for each related Professional Designation (e.g. Certified Internal Auditor, Certified Public Accountant, Project Management Professional, AIA, etc.) Candidates must provide the complete name of the designation; the name, address and telephone number of the accrediting body granting the designation; and a certificate or license number (if applicable). Maximum of 30 points.

D. **EXPERIENCE RELATED POINTS:** Claim five (5) points for each full year (min. 50% of time) of Related Work Experience which includes employment in: auditing, engineering, architecture, construction accounting, construction project management, owner's representation, cost engineering, etc.



## Part 1

# Application for Membership

Full Name:

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Please PRINT your FULL name. Do NOT use nicknames, initials or abbreviations.

Please read all instructions and each question located within this form carefully before completing this application. This form must be filled out completely. This information is used to assess your particular qualifications for acceptance into membership in our Association.

If there is insufficient space to adequately answer a question, or you wish to clarify your response, please attach any additional sheets or documents, such as resumes, you feel would be helpful in supporting your Application for Membership and/or Petition for Certification. All attachments must be signed and dated.

**IMPORTANT: You must sign and date the attestation or you application will not be processed.**

### ATTESTATION

*I certify that all information herein is true and complete to the best of my knowledge and belief. I authorize verification of this information and release all concerned from any liability in connection therewith. I hereby apply for membership in the National Association of Construction Auditors, and affirm I have read and understand the qualifications for membership. I agree to abide by the Association's Bylaws, Rules and Regulations, Code of Ethics, and to promote the Association's objectives and purposes. I understand that providing false or misleading information in the application for membership form, or in the Petition for Certification form, are sufficient grounds for denial of membership, denial of certification or expulsion from membership in the Association, when the false or misleading information is discovered.*

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Signature

Date



### 1. Personal Information

Name: Mr/Mrs/Ms/Dr \_\_\_\_\_  
Circle Last / First /MI or Middle

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Personal Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Email: \_\_\_\_\_

### 2. Current Employment Information

*A detailed resume or curriculum vitae may be attached to supplement, but not to be used in lieu of, completing this section. Related areas of discipline include: **auditing, construction accounting, construction project management, owner's representation, engineering, architectural, etc.***

Date Employed: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Present Duties and Responsibilities Total Working Time Spent on Related Disciplines \_\_\_\_\_%

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Mailing Address: Home Business

Check here if you do not want your **personal** information to be included in the membership directory

Check here if you do not want your **business** information to be included in the membership directory



### 3. Education

#### Undergraduate

School Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

#### Graduate (Masters)

School Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

#### Doctorate/Post Graduate

School Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

### 4. Points

Each lettered section corresponds to a lettered section of the Application Instructions.

- A. Education \_\_\_\_\_ List \_\_\_\_\_
- B. Specialty Training \_\_\_\_\_ List \_\_\_\_\_
- C. Certification (max of 30 pts) \_\_\_\_\_ List \_\_\_\_\_
- D. Experience \_\_\_\_\_ Number of Years Work Experience \_\_\_\_\_
- Total Points Claimed \_\_\_\_\_

**\*\*Must meet minimum requirements: 75 to petition for certification\*\***

### 5. Fees & Dues

	<u>Regular Member</u>	<u>Associate Member</u>
Application Fee	\$150	\$150
First Year Membership Dues	\$275	\$100
<b>TOTAL *</b>	<u>US\$425</u>	<u>US\$250</u>

**\* Payable on US Bank only**



Application fee is non refundable. First year annual dues payment will be refunded if your application is denied.

Membership dues cover a 12-month period, commencing with the month your application is approved.

Dues are billed annually and are due on the anniversary of your application approval.

Dues may be tax deductible (consult your tax advisor).

Make check or money order payable to **National Association of Construction Auditors**. (Federal TIN: 26-3882604)

No cash or non-US bank checks.

**CREDIT CARD PAYMENT:** Credit Card Type: Visa  MC  Disc  Amex  Expires: \_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Address 2 \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Email \_\_\_\_\_

Authorized Signature \_\_\_\_\_ CC # \_\_\_\_\_

### 6. Application/Petition Processing

Applications for new members may be processed by:

- Entering directly on the website
- Printing off application and mailing to:

**National Association of Construction Auditors**  
**7305 Hancock Village Drive, Suite #519**  
**Chesterfield, VA 23832**

- Scanning in application and emailing to : [info@thenaca.org](mailto:info@thenaca.org)
- Printing off application and faxing to the NACA at: **888.702.1059**

**Checklist:**

- Signed & dated Application and Petition (if applicable)
- Detailed description of your areas of related disciplines experience including percentage performed
- Check or Money Order (payable on US bank) or Credit Card Payment for Application Fee & first year Annual Membership Dues

**Note:** Supporting documentation is **not required** to be submitted with your application. Any documentation required by the Nominations Committee will be requested on an as-needed basis.



## Part 2

# Petition for Certification:

Certified Construction Auditor (CCA)   
Construction Control Professional (CCP)

Under Grandfathering Provisions

Full Name:

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Please PRINT your FULL name. Do NOT use nicknames, initials or abbreviations.

This form is used to assess your particular qualifications for designation as a Certified Construction Auditor or Construction Control Professional. It is the responsibility of the Candidate to prove the merits of their request for certification.

Answer each question completely. If there is insufficient space to adequately answer a question, or you wish to clarify your response, please attach any additional sheets or documents you feel would be helpful in supporting your Application for membership and/or Petition for Certification. All attachments must be signed and dated.



## Employment History

Please list employment information in reverse chronological order. Candidates provide employment history for the last eight (8) years. Candidates complete all information and attach extra sheets as needed.

**Past employer or experience**      **Dates:** \_\_\_\_\_ **to** \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Duties and Responsibilities                      Total Working Time Spent on Related Disciplines \_\_\_\_\_%

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**Past employer or experience**      **Dates:** \_\_\_\_\_ **to** \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Duties and Responsibilities                      Total Working Time Spent on Related Disciplines \_\_\_\_\_%

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**Past employer or experience**      Dates: \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Duties and Responsibilities                      Total Working Time Spent on Related Disciplines \_\_\_\_\_%

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional Background**

Please list each certification you have received by name (no initials). Identify the year in which you were certified, and if the certification is currently active or not active. Explanations are not required for certificates that are no longer held; however, one may be submitted. Attach additional sheets as needed.

Issued by: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Certification 1:**    Active?    Yes        No

\_\_\_\_\_

Year certified \_\_\_\_\_

Certificate No. \_\_\_\_\_

Issued by: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Certification 2:**    Active?    Yes        No

\_\_\_\_\_

Year certified \_\_\_\_\_

Certificate No. \_\_\_\_\_

**Certification 3:**    Active?    Yes        No

\_\_\_\_\_

Year certified \_\_\_\_\_

Certificate No. \_\_\_\_\_

Issued by: \_\_\_\_\_

Phone number: \_\_\_\_\_

❖      Have you ever written articles, books, or developed and presented training in a construction auditing/accounting, construction management, architectural/engineering or related field?

**Yes    Approximate number of:** \_\_\_\_\_    **No**

Please list article or book titles and their publishers:





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Please list types of training you developed and who it was presented to:

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❖ What percentage of your current professional time is spent in the following area(s):

- \_\_\_\_\_ (%) Construction Auditing
  - \_\_\_\_\_ (%) Internal Auditing
  - \_\_\_\_\_ (%) Project Management
  - \_\_\_\_\_ (%) Architectural/Engineering
  - \_\_\_\_\_ (%) Owner's Representation
  - \_\_\_\_\_ (%) Performing internal control reviews
  - \_\_\_\_\_ (%) Project accountant/cost engineer
  - \_\_\_\_\_ (%) Fraud investigation
  - \_\_\_\_\_ (%) Other related experience (Describe)
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❖ Describe any special qualifications you may have in a construction auditing or management area. Attach additional sheets as necessary.

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❖ Why are you seeking certification:

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❖ Have you ever served on a professional committee? (i.e. National Committee, local Chapter, Standards, Ethics, etc.)

**No Yes describe:**

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List three (3) professional references that may be contacted regarding your work performance.

**REFERENCE 1**

Name: \_\_\_\_\_

Their Employer: \_\_\_\_\_

How Known: \_\_\_\_\_

Current Phone Number: (\_\_\_\_) \_\_\_\_\_

**REFERENCE 2**

Name: \_\_\_\_\_

Their Employer: \_\_\_\_\_

How Known: \_\_\_\_\_

Current Phone Number: (\_\_\_\_) \_\_\_\_\_

**REFERENCE 3**

Name: \_\_\_\_\_

Their Employer: \_\_\_\_\_

How Known: \_\_\_\_\_

Current Phone Number: (\_\_\_\_) \_\_\_\_\_



## **Certified Construction Auditor (CCA)**

The CCA designation is limited to accounting/auditing/consulting professionals whose primary experience is in the field of auditing and evaluating internal controls in the construction project environment.

## **Construction Control Professional (CCP)**

The CCP designation is limited to project management, construction accounting, cost engineers, architects and engineers whose experience is focused on the control of construction projects.

**Print here your Name as you want it to appear on your certificate:**

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*Note: Certification designations from other organizations cannot be printed on certificates*

### ***Application for Certification Under the Grandfathering Clause of the Bylaws***

*I hereby apply for certification as a CCA or CCP under the Grandfathering clause of the National Association of Construction Auditors. I understand that the certification will be based on the information provided above and that I may be asked to provide additional information to support the above education, professional certification and related work experience.*

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**Signature**

**Date**