



CERTIFIED PROFESSIONAL PROTECTION PROGRAM RE-CERTIFICATION CREDIT REPORT FORM

(16 total points required within three-year term)

Name _____

Employer _____

ASIS # _____ CPP # _____

Recertification Term Expiration _____

(optional)

This form should be completed on an annual basis, and returned to the Certification Department for review and evaluation of recertification credits. The recertification expiration date for each CPP is December 31st of the third year of the term.

In order for us to process your Recertification form more efficiently and avoid delays, follow these steps:

- All documentation should be submitted in the same order as the activities are listed.
- Please be as specific and detailed as possible. If it is not apparent from the title of a course or seminar that it is clearly Security or Business Management - related, please include an explanation.
- Sign in the space provided and send to: ASIS, Certification Department, 1625 Prince Street, Alexandria, VA 22314.
- Keep a copy of form and documentation for your records.

Recertification form must be completed and proper documentation attached prior to submission. Incomplete forms will be returned.

MEMBERSHIP

POINTS

(Non-profit professional security association)

Claimed / Approved

Name of Association	Years	
Location		

____ / ____

(Non-profit business management-related association)

Claimed / Approved

Name of Association	Years	
Location		

____ / ____

2. EDUCATIONAL PROGRAMS AND COURSES

Documentation is required (e.g., copy of course or workshop certificate, copy of report card, official government orders and/or Travel voucher or other acknowledgment of completion).

2-1 Sponsor			
Program Title or Description			
Location	Dates	Hours	
2-2 Sponsor			____ / ____
Program Title or Description			
Location	Dates	Hours	
2-3 Sponsor			____ / ____
Program Title or Description			
Location	Dates	Hours	
2-4 Sponsor			____ / ____
Program Title or Description			
Location	Dates	Hours	
2-5 Sponsor			____ / ____
Program Title or Description			
Location	Dates	Hours	

3. INSTRUCTION, SPEECHES AND OTHER PROGRAM PARTICIPATION

Documentation must show the CPP's completion of the activity (e.g., letter/certificate of appreciation or other acknowledgment of service)

POINTS
Claimed /Approved

3-1 Type of Participation	Sponsor
Program Title or Description	
Location	Dates
3-2 Type of Participation	Sponsor
Program Title or Description	
Location	Dates
3-3 Type of Participation	Sponsor
Program Title or Description	
Location	Dates
3-4 Type of Participation	Sponsor
Program Title or Description	
Location	Dates

_____/_____
/

_____/_____
/

_____/_____
/

_____/_____
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4. PUBLICATION

Documentation is required (e.g., copy of article with publication date acceptance, letter from publisher, etc.)

4-1 Title of Contribution	
Publication in which It appeared	Dates
4-2 Title of Contribution	
Publication in which It appeared	Dates
4-3 Title of Contribution	
Publication in which It appeared	Dates
4-4 Title of Contribution	
Publication in which It appeared	Dates

_____/_____
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_____/_____
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_____/_____
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_____/_____
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5. VOLUNTEER SERVICE IN A CHARTERED SECURITY ORGANIZATION OR ASSOCIATION

Documentation is required (e.g., letter, certificate, roster, minutes)

5-1 Name of Organization	
Position Held	Date of Service
5-2 Name of Organization	
Position Held	Date of Service
5-3 Name of Organization	
Position Held	Date of Service

_____/_____
/

_____/_____
/

_____/_____
/

5-4 Name of Organization	
Position Held	Date of Service

____ / ____

6. PUBLIC SERVICE (must be security related, supporting documentation is mandatory)

_____	____ / ____
_____	____ / ____
_____	____ / ____
_____	____ / ____
_____	____ / ____
_____	____ / ____

7. OTHER ACCOMPLISHMENTS (must be security related, supporting documentation is mandatory)

_____	____ / ____
_____	____ / ____
_____	____ / ____
_____	____ / ____
_____	____ / ____

Total Points _____

Have you been convicted of a criminal offense in the past 3 years? No Yes (explain)

Mailing Address Update

Circle ONE : **Business** or **Home**

Address:
Phone:
Fax:
E-mail

I certify that all statements, answers and representations made in this report are accurate to the best of my knowledge.

Signature

Date

FOR STAFF USE ONLY
Total APPROVED Points This Report _____
Total APPROVED Points To Date _____

Signature

Date

Submit by mail, fax or e-mail to:
 ASIS International – Certification Program
 1625 Prince Street
 Alexandria, VA 22314
 703-518-1515
 icasco@asisonline.org