



PROFESSIONAL CERTIFIED INVESTIGATOR PROGRAM RECERTIFICATION CREDIT REPORT FORM

(15 total points required in three-year term)

Name _____

Employer _____

ASIS # _____ PCI # _____
(optional)

Recertification Term Expiration _____

This form should be completed on an annual basis or as necessary, and returned to the Certification Department for review and evaluation of recertification credits. The recertification expiration date for each PCI 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 investigations or other security-related, please include an explanation.
- Sign in the space provided and return by mail or fax (see the third page of this form for address/fax number)
- 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

(Non-profit professional security association)

POINTS
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 |

_____/_____

_____/_____

_____/_____

_____/_____

_____/_____

6. OTHER ACCOMPLISHMENTS (must be investigations or other security-^{3/05}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
 Fax: 703-518-1515
 Email: icasco@asisonline.org