

RECERTIFICATION CREDIT REPORT FORM

(Effective January 1, 2008)

CERTIFICATION TYPE:
(Please circle one)



Name _____

Employer _____

ASIS # _____ CPP/PCI/PSP # _____

Term Expiration Date _____

This form should be completed anytime during your term, and returned to the Certification Department for review and evaluation of CPE credits. The recertification expiration date for each CPP, PCI & PSP 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.
- Certificate/letter of completion and agenda that includes the hours of classroom time are required
- 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. (Do not send original documents)

MEMBERSHIP

CPE CREDIT

(Non-profit professional security association)

Claimed / Approved

Name of Association	Years	
Location		/

(Non-profit business management-related association) (CPP Certification ONLY)

Claimed / Approved

Name of Association	Years	
Location		/

2. EDUCATIONAL PROGRAMS (Including Chapter, Web based, seminars/conferences, exhibits only, correspondence/self study, college 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
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3. INSTRUCTOR

CPE CREDIT

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

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. AUTHOR

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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5. VOLUNTEER SERVICE (CPP Certification Only) May account for up to 50% of total recertification credits

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

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/

5-4 Name of Organization	
Position Held	Date of Service

____/____

6. CERTIFICATION PROGRAM SERVICE

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

6-1 Name of Organization	
Position Held	Date of Service
6-2 Name of Organization	
Position Held	Date of Service
6-3 Name of Organization	
Position Held	Date of Service
6-4 Name of Organization	
Position Held	Date of Service

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

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

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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

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