



PHYSICAL SECURITY PROFESSIONAL PROGRAM RECERTIFICATION CREDIT REPORT FORM

(10 total points required in two-year term)

Name _____

Employer _____

ASIS # _____

PSP # _____
(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 PSP is December 31st of the second 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 listed on this form.
- 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 physical security 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

_____ / _____

_____ / _____

_____ / _____

_____ / _____

_____ / _____

3. INSTRUCTION, SPEECHES AND OTHER PROGRAM PARTICIPATION

Documentation must show the PSP'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	/

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	/

5. PUBLIC SERVICE (must be physical security or other security related, supporting documentation is mandatory)

_____	/
_____	/
_____	/
_____	/
_____	/
_____	/
_____	/

6. OTHER ACCOMPLISHMENTS (must be physical security or other^{03/05} security-related, supporting documentation is mandatory)

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

Total Points _____

Have you been convicted of a criminal offense in the past 2 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