

## Attestation of Continued Eligibility for Certification

By my signature, I attest that the information I submit herein or in any required accompanying or subsequent documentation is true and accurate to the best of my knowledge.

I understand that persons who apply for certification as a Certified Protection Professional (CPP), Professional Certified Investigator (PCI), or Physical Security Professional (PSP) or persons who have been certified by ASIS International, are subject to ASIS International's eligibility requirements for certification, recertification and to the ASIS Certification Code of Professional Responsibility.

I understand that in order to maintain my certification, I must re-certify every three years by reporting a specified number of Continuing Professional Education (CPE) credits, in accordance with ASIS policy and procedures for submitting such reports. I understand that CPE credits may be earned through education programs and courses and other activities, and that all CPEs must conform to the requirements specified in ASIS International's Recertification Guide. I further understand that from time-to-time ASIS International may amend its requirements, policies, and procedures to include: initial certification, recertification, and the Code of Ethics.

I also understand that I may be subject to audit at any time and that ASIS International reserves the right to take action for failure to comply with the audit procedures.

While holding ASIS International certification, I agree to notify ASIS International in writing immediately if I fail to comply with any of the requirements for gaining or maintaining certification or recertification, such as, but not only limited to, no longer being in the profession, no longer holding Lifetime Retired status due to returning to full-time employment, failing to earn the number of CPE credits needed to maintain certification or to be recertified, or having been disciplined – including suspension, expulsion or loss of the credential – as a result of having been found in violation of the ASIS Code of Ethics. I also agree to notify ASIS International in writing of any address or name change(s) within thirty (30) days after the change becomes effective.

If requested to do so, ASIS International may verify my certification status.

I attest that I have completed all certification and/or recertification requirements.



By checking this box, I agree with and understand the declaration and attestation agreement.

Print Name: \_\_\_\_\_ ASIS ID#: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year