

COMPETENCY AND EXAMINATION APPLICATION

All information needed to guide the completion of the certification process can be found at the ICA web site (<http://www.cpted.net/>) or contact the Certification Coordinator at the email address or phone number listed on the web site.

This application consists of five pages.

Instructions to Applicants:

- 1 All information on all forms submitted must be typed or printed clearly
- 2 If college education is used to meet a qualification or demonstrate a competency, an official certified transcript or verification must be sent directly to the ICA Certification Committee from the institution, prior to requesting a review of demonstrated competencies or sitting for the examination. Applicants will not be allowed to take the exam unless official verification is received from the educational institution.
- 3 Complete all pages of the application. Attach additional pages if necessary.
- 4 Be sure that your signature appears in ink on page 6 of the application.
- 5 Application fee (check or money order payable to ICA in U.S. dollars) must accompany the application unless paid via electronic payment through the ICA web site. Applications, along with any supporting documentation, must be mailed to ICA and may be transmitted in digital form.

Applications must be completed in full prior to submission. ____ Check if this application is for a second or subsequent review of competency materials. Complete areas below. Please type or clearly print using a dark pen

Name: First _____ MI _____ Last _____

Prefix (Mr., Mrs., Ms.) _____ Suffix (Jr., II, III, etc.) _____

ICA Member No. _____ National ID Number _____

Please send ICCP-related mail to: ____ Business Address ____ Home Address Title

Business/Company Name _____

Street Address _____ Room No. or P.O. Box _____

City State Country ZIP/Postal Code _____

Business Phone (include country/city/area codes) _____

Fax (include country/city/area codes) _____

E-mail _____

Home Address _____

City State Country Zip/Postal Code _____

Home Phone (include country/city/area codes) _____

Indicate whether this information reflects a change of address to use in updating your ICA membership record: ____ Business ____ Home

Professional CPTED/Security Experience List each full-time or part-time assignment in chronological order, beginning with your present position. Summarize each assignment, but give sufficient detail to signify the degree of responsibility, the nature of the decisions you were required to make, and additional duties required by the position. Do not show job title only.

Use spaces provided and attach additional pages if necessary. Dates of Employment: From (Mo._____/Yr._____)

To (Mo._____/Yr._____)

Name of employer_____

Address_____

Position Title/Rank/Civilian Grade_____ Total Months in this Assignment_____

Name & Title of Immediate Supervisor_____

Business Telephone of Immediate Supervisor_____

Major Product or Service of This Employer_____

Summary of Work Assignment (Do not use this space merely to refer to an attachment)

Dates of Employment: From (Mo._____/Yr._____) To (Mo._____/Yr._____)Name of

Employer_____

Address_____

Position Title/Rank/Civilian Grade_____ Total Months in this Assignment_____

Name & Title of Immediate Supervisor_____

Business Telephone of Immediate Supervisor_____

Major Product or Service of This Employer_____

Summary of Work Assignment (Do not use this space merely to refer to an attachment)

Dates of Employment: From (Mo._____/Yr._____) To (Mo._____/Yr._____)

Name of Employer_____

Address_____

Position Title/Rank/Civilian Grade_____ Total Months in this Assignment_____

Name & Title of Immediate Supervisor_____

Business Telephone of Immediate Supervisor_____

Major Product or Service of This Employer_____

Summary of Work Assignment (Do not use this space merely to refer to an attachment)

Have you ever been convicted of a crime (or in military service convicted by a general courtmartial) or is there any criminal charge now pending against you?

____ YES ____ NO If answer is YES, explain fully on a separate sheet.

Have you ever had professional membership, license, registration, or certification denied, suspended, or revoked (other than for lack of minimum qualification or failure of examination)?

____ YES ____ NO If answer is YES, explain fully on a separate sheet.

Have you ever been censured or disciplined by any professional body or organization?

____ YES ____ NO If answer is YES, explain fully on a separate sheet.

If the answer to one or more of these questions is YES, explanations on signed and dated separate sheet(s) may be placed in a sealed envelope for confidentiality. This information will not be circulated outside the ICA Certification Committee. An affirmative answer does not necessarily mean rejection of your application. (Please omit minor traffic violations and offenses committed before your 18th birthday.)

Applicant must not have been convicted of any criminal offense which would reflect negatively on the security profession and ICA.

Date _____ Signature _____

All information needed to guide the completion of the certification process can be found at the ICA web site (<http://www.cpted.net/>) or contact the Certification Coordinator at the email address or phone number listed on the web site.

Professional References

Professional references must be individuals who have knowledge of your CPTED or related security expertise and/or current position and the degree of responsibility held in the performance of your job. You should not use anyone as a reference who falls under your supervision. Do not use your own relatives or members of the ICA staff or ICA Certification Committee as references.

Name _____ Title _____

Professional Relationship _____

Company Address _____

Home Phone _____ Business Phone _____

How long know _____

Name _____ Title _____

Professional Relationship _____

Company Address _____

Home Phone _____ Business Phone _____

How long know _____

Name _____ Title _____

Professional Relationship _____

Company Address _____

Home Phone _____ Business Phone _____

How long know _____

Post-Secondary Education

If education is used to meet qualifications, an official certified transcript or verification of degree must be submitted to the ICCP program office before the candidate is considered eligible to review of competencies and/or testing.

Institution of Higher Education Name _____

Address _____ Attended From Mo. ____/Yr. ____ To Mo. ____/Yr. ____

Academic Years Completed _____ Concentration Major _____

Minor _____ Verification/Transcript Requested ____ Yes ____ No

Name _____ Address _____

Attended From Mo. ____/Yr. ____ To Mo. ____/Yr. ____ Academic Years Completed _____

Concentration Major _____ Minor _____

Verification/Transcript Requested ____ Yes ____ No

Name _____ Address _____

Attended From Mo. ____/Yr. ____ To Mo. ____/Yr. ____ Academic Years Completed _____

Concentration Major _____ Minor _____

Verification/Transcript Requested ____ Yes ____ No

Applicant Declaration

I certify that all information I have provided in this application, including any attachments, is accurate and complete to the best of my knowledge. I understand that approval of my application may be contingent upon the results of a reference and background review, and I hereby authorize the International CPTED Association (ICA), the ICA Certification Committee (ICC), and its agents to investigate the truthfulness and accuracy of all information I have provided. I authorize ICA, the ICC, and its agents to discuss the results of such a review with all persons involved in the certification process. I give consent for all contacted persons to provide information concerning me and/or my application, and I release each such person from liability for providing information to ICA, the ICC, and its agents. I understand that any false or misleading statement, misrepresentation, or concealment or material omission of the information I have provided or failed to provide on my application and attachments may be grounds for rejection of my application, or if already certified, of the "ICA Certified CPTED Practitioner (Basic and/or Advanced)" designation.

I also understand that any disputes or conflicts arising from the processing, review or rejection of the application or subsequent review or rejection of submitted supporting materials will be resolved by the ICC or, if the conflict involves the ICC itself, will receive a final and indisputable review for resolution by the ICA Board of Directors. I agree, indicated by my signature, that all legal disputes arising from this application, its review or rejection, will be heard in a court in the home city of record of the ICA.

Signature _____ Date _____

Candidate's Name (Printed):

Fees and Method of Payment

Total fee (in US dollars) must accompany application.

\$200 member (you must be a member to apply)

Make checks payable to ICA in U.S. dollars

To pay via credit card log onto the ICA web site (cpted.net) and complete the online payment following the posted link.

Did You Remember...

To make application on-line / include payment in U.S. dollars with application?

To order official college transcripts (if required)?

To include your signature and date on the application?

Return completed application and supporting materials to:

ICA CPTED Certification Committee Mr. Josh Brown, CPP 9757 Daniel Ct. NOKESVILLE VA 20181 USA

A charge of US\$25 will be assessed on returned checks.

Updated 021208