

ICCP COMPETENCY AND EXAMINATION APPLICATION

All information needed to guide the completion of the certification process can be found at the ICA web site (www.cpted.net/ICCP). Alternatively, contact the Certification Coordinator at the email address listed on the web site.

This application consists of six 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 must be paid to the ICA within 1 week of this Application form either electronically via the ICA web site or by cheque sent to the ICA headquarters. Applications, along with any supporting documentation, must be transmitted to the ICA in digital form or mailed to a physical address (to be provided upon request).

Applications must be completed in full prior to submission. ____ Check here 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.

Contact Details

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/Name _____

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)

History of Criminal or Discipline Sanctions

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 _____

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

Institution of Higher Education Name _____

Address _____

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

Concentration Major _____ Minor _____

Verification/Transcript Requested ____ Yes ____ No

Institution of Higher Education 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 must accompany application. You must be an ICA member in good standing to apply for certification.

CA\$250 certification fee using an online electronic payment system (payable in Canadian Dollars). To pay via credit/debit card log onto the ICCP web page (www.cpted.net/ICCP) and complete the online payment using the payment widget.

OR

US\$200 certification fee using a cheque payment (payable in US Dollars). Send a cheque to the ICA headquarters: International CPTED Association, Suite 711, 300 Meredith Rd NE, Calgary, Alberta, T2E 7A8, Canada.

Did You Remember...

- ✓ To complete application form and submit payment?
- ✓ To order official college transcripts (if required)?
- ✓ To include your signature and date on the application?

Submit completed application and supporting materials to the upload link provided on the ICA ICCP certification page or email them to the Certification Program Chairperson.

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

Updated 10 September 2019