

# ICCP COMPETENCY RE-CERTIFICATION APPLICATION

All information needed to guide the completion of the re-certification process can be found at the ICA website ([www.cpted.net/ICCP](http://www.cpted.net/ICCP)). Alternatively, contact the Certification Coordinator at the email address listed on the website.

This application consists of two pages.

## Instructions to Applicants:

- 1 All information on all forms submitted must be typed or printed clearly.
- 2 Applicants to the ICA ICCP Program must be fully paid members of the ICA.
- 3 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 re-certify unless official verification is received from the educational institution.
- 4 Complete all pages of the application. Attach additional pages if necessary.
- 5 Be sure that your signature appears in ink on page 2 of the application.
- 6 Application fee must be paid to the ICA within 1 week of this Application form electronically via the ICA website. 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.

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

## **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 re-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 re-certification.

### **CA\$75 re-certification fee (payable in Canadian Dollars)**

Complete the payment using our online electronic payment system on the ICCP webpage ([www.cpted.net/ICCP](http://www.cpted.net/ICCP)).

Contact us if you'd prefer to pay by cheque.

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 email address nominated on the ICCP webpage.

Updated 21 September 2019