

**RECERTIFICATION APPLICATION AND  
REPORT FORM**  
(Effective January 1, 2012)



Name \_\_\_\_\_

Address \_\_\_\_\_  
(Include company name if a business address)

Phone: \_\_\_\_\_ E-Mail : \_\_\_\_\_

Fax: \_\_\_\_\_ Date Recertification Due: \_\_\_\_\_

ISP Number: \_\_\_\_\_ Total Recertification Continuing Education Units (CEUs) Claimed: \_\_\_\_\_

*This form should be completed every three years by the last day of the month of initial certification.  
Please do not send in any earlier than six months prior to recertification deadline. Use additional pages if necessary.*

**I. MEMBERSHIP AND VOLUNTARY SERVICE**

**Maximum 50% of total CEUs from Part I or no more than 30 CEUs**

(Documentation for organization other than NCMS is required)

**CEUs**  
Claimed / Approved

Name of Association	Years
Location	

/

Name of Association	Years
Location	

/

**II. EDUCATIONAL PROGRAMS & COURSES**

**At least 50% of CEUs from Parts II through VI or not less than 30 CEUs**

Documentation is required (e.g. completion certificate, college transcript, other acknowledgement of attendance/completion, etc.  
An Agenda or schedule is also required)

**CEUs**  
Claimed / Approved

<b>2-1 Sponsor</b>			
Program Title or Description			
Location	Dates	Hours	
<b>2-2 Sponsor</b>			
Program Title or Description			
Location	Dates	Hours	
<b>2-3 Sponsor</b>			
Program Title or Description			
Location	Dates	Hours	
<b>2-4 Sponsor</b>			
Program Title or Description			
Location	Dates	Hours	

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<b>2-5 Sponsor</b>		
Program Title or Description		
Location	Dates	Hours

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**III. INSTRUCTION, SPEECHES, & OTHER PRESENTATIONS**

Documentation is required ( e.g. certificate/letter of appreciation or other acknowledgement from sponsor/host)

**CEUs**  
 Claimed /Approved

<b>3-1</b> Type of Participation	Sponsor/Host	
Program Title or Description		
Location	Dates	Hours
<b>3-2</b> Type of Participation	Sponsor/Host	
Program Title or Description		
Location	Dates	Hours
<b>3-3</b> Type of Participation	Sponsor/Host	
Program Title or Description		
Location	Dates	Hours
<b>3-4</b> Type of Participation	Sponsor/Host	
Program Title or Description		
Location	Dates	Hours

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**IV. PUBLICATIONS**

Documentation for publications other than those appearing in the NCMS Bulletin required (e.g., copy of article from the publication, letter of acceptance from publication, payment from publisher, etc.)

**CEUs**  
 Claimed /Approved

<b>4-1</b> Title of Contribution	Dates
Publication in which It appeared	
<b>4-2</b> Title of Contribution	Dates
Publication in which It appeared	
<b>4-3</b> Title of Contribution	Dates
Publication in which It appeared	

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**V. PUBLIC SERVICE** (must be security-related and supporting documentation is required. Approval is at the discretion of the NCMS Recertification Board)

**CEUs**  
 Claimed / Approved

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**VI. OTHER ACCOMPLISHMENTS** (must be security-related, supporting documentation is required, and approved at the discretion of the NCMS Recertification Board)

**CEUs**  
Claimed / Approved

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**Have you ever:** (Fill in the blank and attach a detailed explanation for any "Yes" answer)

**Been arrested for a felony ?**  No  Yes (explain)

**Had a security eligibility denied, suspended, revoked, or terminated for cause?**  No  Yes (explain)

**I CERTIFY THAT ALL STATEMENTS/ANSWERS PROVIDED BY ME ON THIS FORM ARE ACCURATE TO THE BEST OF MY KNOWLEDGE**

Signature

Date

<b>Payment Information</b>			
<b>Credit Card Payment</b> <i>(please circle one)</i>	Master Card	AMEX	VISA
Credit Card Number:			
Expiration Date:	Card Security Code:		
Name on Card:			
Cardholder Signature:			
Total Paid: <i>(please circle one)</i>	\$75 (member rate)	-	\$90 (non-member rate)
<b>Check Payment</b>			
Check Number:			
Total Paid: <i>(please circle one)</i>	\$75 (member rate)	-	\$90 (non-member rate)
<p><u>Mail completed form to:</u> NCMS Inc., Attn: ISP Recertification, 994 Old Eagle School Road, Suite 1019, Wayne, PA 19087</p> <p><b>Note: It is the ISP's responsibility to ensure that the package is received at NCMS Headquarters. A receipt confirmation will be emailed from NCMS Headquarters when the package is received. If you do not get an emailed confirmation of receipt, you must ensure that your package is sent to NCMS Headquarters prior to the deadline.</b></p>			