

ISP EXAM APPLICATION

Mail to: NCMS, 994 Old Eagle School Road, Suite 1019,
Wayne, PA 19087

Please Note: All applications must be RECEIVED no later than 30 days prior to your planned test date.

- ◆ Please type or print clearly in ink and complete all parts of the application.
 - ◆ Attach supervisor recommendation and resume to application before mailing.
 - ◆ Do not forget to include your signature on the last page of the application.
 - ◆ Payment must be included with your completed application. NCMS accepts checks or money orders in U.S. dollars, payable to NCMS, as well as Master Card, VISA, and American Express.
 - ◆ Proctor arrangements must be completed before submitting this application (unless you are taking the exam at the annual seminar). Include this information on the second page of this application. Please coordinate with your Chapter Chair to find a proctor.
 - ◆ **IMPORTANT:** Your proctor MUST submit an affidavit with this application attesting that he or she has met the qualifications required to be a proctor. Please refer to the ISP Certification Program Manual (at www.ncms-isp.org), Part 1, Section J for qualifications. The proctor must be approved by the ISP committee before the candidate will be approved to take the examination.
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Prefix: Mr. Miss Ms. Mrs. Dr.

Last Name _____ First Name _____ Middle Initial _____

Company Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Fax _____

Email: _____

NCMS Member? Yes No NCMS Chapter: _____

WORK EXPERIENCE & EDUCATION

Please attach a current resume with relevant work history, along with a supervisor or other contact name and phone number for each position for verification purposes. Please include all post-secondary education, including name/location of educational institution, degrees earned, and year degree was earned.

ELECTIVE CATEGORIES -- SELECTION

All candidates must select two elective categories they would like to be tested on during the application process. **Please check only one box below.**

- | | |
|--|---|
| <input type="checkbox"/> Counterintelligence & COMSEC/TEMPEST | <input type="checkbox"/> COMSEC/TEMPEST & Intellectual Property |
| <input type="checkbox"/> Counterintelligence & Intellectual Property | <input type="checkbox"/> COMSEC/TEMPEST & OPSEC |
| <input type="checkbox"/> Counterintelligence & OPSEC | <input type="checkbox"/> Intellectual Property & OPSEC |
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TEST LOCATION

I will take the test on-line (proctor required) I will take a paper test (pre-approval required)

I will take the test at the NCMS Annual Seminar in _____ on _____

Name of proctor _____

Proctor phone number _____ Proctor Email: _____

Test Date _____ Location _____
(date) (location)

PAYMENT INFORMATION

Payment must accompany application.

Checks & Money Orders must be in U.S. Dollars, drawn on a U.S. bank, and made payable to NCMS.

	NCMS Members	Non-Members
U.S. & Canada	\$200	\$300
International	\$250	\$350

Credit Card Payment: MasterCard Visa AMEX

Card#: _____ Exp. Date: _____ CVV#: _____
(card security code)

Name Appearing on Card: _____

Billing Address: _____

Amount Due: _____ Signature: _____

Check/Money Order Payment: Check #: _____ Amount: _____

I verify that all information appearing on this application and accompanying documents is correct to the best of my knowledge, and I authorize NCMS to verify all information provided within and to contact supervisors listed in my employment data. I understand that failure to provide correct information could be grounds for rejection for ISP certification. I also pledge that I will take the ISP exam alone and without assistance from others.

Signature