

**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

2-1 Sponsor			
Program Title or Description			
Location	Dates	Hours	
2-2 Sponsor			
Program Title or Description			
Location	Dates	Hours	
2-3 Sponsor			
Program Title or Description			
Location	Dates	Hours	
2-4 Sponsor			
Program Title or Description			
Location	Dates	Hours	

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2-5 Sponsor		
Program Title or Description		
Location	Dates	Hours

_____/_____
 _____/_____

III. INSTRUCTION, SPEECHES, & OTHER PRESENTATIONS

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

CEUs
 Claimed /Approved

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

_____/_____
 _____/_____

_____/_____
 _____/_____

_____/_____
 _____/_____

_____/_____
 _____/_____

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

4-1 Title of Contribution	Dates
Publication in which It appeared	
4-2 Title of Contribution	Dates
Publication in which It appeared	
4-3 Title of Contribution	Dates
Publication in which It appeared	

_____/_____
 _____/_____

_____/_____
 _____/_____

_____/_____
 _____/_____

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

_____	_____/_____
_____	_____/_____
_____	_____/_____
_____	_____/_____
_____	_____/_____

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

Payment Information			
Credit Card Payment <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)
Check Payment			
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>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.</p>			