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**CIPS CERTIFICATION APPLICATION**

**ITCP MUTUAL ACCEPTANCE ROUTE**

**APPLICANT INFORMATION:**

**FIRST NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LAST NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CIPS MEMBERSHIP NUMBER OR JOINED DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(VIEW YOUR CIPS MEMBERSHIP NUMBER AT [CIPS.CA/UPDATEMEMBERPROFILE](https://www.cips.ca/UpdateMemberProfile))

**MY NAME ON MY CERTIFICATE SHOULD BE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I CERTIFY THAT THE INFORMATION SET OUT BY ME IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I BELIEVE I CAN SERVE CIPS, THE PERSONS TO WHOM I OFFER SERVICES AND THE GENERAL PUBLIC IN THE HIGHEST PROFESSIONAL MANNER. I HAVE REVIEWED AND ADHERE TO THE CIPS CODE OF ETHICS PROFESSIONAL CONDUCT ([HTTPS://WWW.CIPS.CA/ETHICS](https://www.cips.ca/ethics)). I UNDERSTAND PERSONS AND ORGANIZATIONS LISTED ON THIS APPLICATION MAY BE CONTACTED. I AUTHORIZE THE RELEASE OF INFORMATION FOR THE PURPOSE OF THIS APPLICATION.

SIGNATURE OR INITIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

**SECTION A - MUTUAL ACCEPTANCE INFORMATION**

The CIPS *Information Technology Certified Professional* (ITCP) has been accredited by *the International Professional Practice Partnership* (IP3) under the IP3P standard. The IP3 has endorsed the *Principles of Mutual Acceptance* (see <https://www.ipthree.org/gain-ip3-accreditation/ip3-accreditation-program/it-professional-standards/>) for IP3P accredited societies. The IP3P Mutual Acceptance establishes a framework for comparison of different professional certification programs that lead to a common understanding between different countries and will facilitate portability of professional membership.

CIPS will recognize professional certifications accredited under the IP3P standard. For a full list of IP3P accredited societies see: <https://www.ipthree.org/about-ip3/members-and-partners/>

The Mutual Acceptance provides the right to the association to refuse to admit an individual into its professional membership in keeping with its entry rules. It also provides the right to impose local top-up requirement if required.

**CIPS will contact the applicant’s professional association to confirm membership details, including whether the membership is in good standing.**

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| --- |
| **I authorise the disclosure of my personal information and membership history by [insert professional society] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to CIPS to enable the assessment of this ITCP application.**  YES ❑ NO ❑  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| IP3P Recognized Professional Association:  Membership Number:  Class of Membership:  Date certification received: \_\_\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD) |
| Member in Good Standing? YES ❑ NO ❑  Are you currently or have you in the past been involved in a professional regulation discipline case against you:  YES ❑ NO ❑  If yes, please provide details about the case (a separate note can be attached) |

**PRIVACY CODE STATEMENT:**

Personal information provided by the applicant is used solely by the CIPS National and Provincial Registrars’ office and members of the certification and their subcommittees for the purpose of:

1. Assessing an applicant’s ability to meet the certification criteria
2. Verifying information
3. Performing an audit of Certification Council procedures
4. Providing certification related products and services.

Please E-MAIL your application to: [certification@cips.ca](mailto:certification@cips.ca)