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*Candidate Member Reporting Form*

Before completing this form, consult [Re-certification Policies and Procedures Handbook](http://www.cips.ca/sites/default/files/Re-Certification_Policy_June_2013.pdf).

Please complete all fields. Submit the form by mail, email or fax: CIPS, Office of the Registrar, 5090 Explorer Drive, Suite 801, Mississauga, Ontario, L4W 4T9, Canada, certification@cips.ca or 905 602 7884. For questions contact CIPS at certification@cips.ca or 905 602 1370.

Membership Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Recertification Reporting Period: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am actively practicing in the profession (a guideline is that one has accumulated approximately 1,000 hours over the preceding year). My work experience is at least 60% IT-related.

Check: Yes No

If no, how many hours of IT relevant work experience have you accumulated in the preceding year?

Answer:

1. Professional Development Credits – 30 credits are required annually.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education** | **Credit Earned** |  | **Giving Back to the Profession**  | **Credits Earned** |
| Informal Learning and Development |  | Serve as an elected/appointed or non-elected/appointed volunteer for an ICT related organization |  |
| Formal Learning and Development |  | Provide non compensated volunteer ICT-related services |  |
| Formal Teaching and Writing |  |  |  |
| Reading or Research Related |  |  |  |
| Sub Total Credits |  |  |  |
| Total Credits |  |  |  |

By submitting this claim, I attest that the information that I have provided is correct. I further attest that is my intent to apply for full I.S.P. or ITCP certification once I have the required years of professional level work experience. I understand that any misrepresentation or false information may result in disciplinary action, including suspension or revocation of my candidate status. I further understand that I will be subject to a random audit and if selected will be required to provide full documented evidence of all professional development credits claimed.

Signature: (electronic is acceptable. Format: First Name/Last Name) Date: