CIPS (Canadian Information Processing Society) - [www.cips.ca](http://www.cips.ca)

CIPS National Office, 1375 Southdown Road,

Unit 16 - Suite 802, Mississauga, Ontario, L5J 2Z1

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

**--------------------------------------------------------------------------------------------------------------------------------------------------**

****

**Information Technology Certified Professional (ITCP) Application**

**IP3 Mutual Acceptance Route**

**--------------------------------------------------------------------------------------------------------------------------------------------------**

**CIPS Membership Number or Joined Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(View your CIPS Membership number at [cips.ca/UpdateMemberProfile](http://www.cips.ca/UpdateMemberProfile))

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**--------------------------------------------------------------------------------------------------------------------------------------------------**

**Application Review Payment**

Please make your payment at [www.cips.ca/CertificationPayment](http://www.cips.ca/CertificationPayment) prior to submitting this application.

**Date payment made:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**--------------------------------------------------------------------------------------------------------------------------------------------------**

**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 (**[**http://www.cips.ca/ethics**](http://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)

**--------------------------------------------------------------------------------------------------------------------------------------------------**

**Information for your ITCP Certificate and Name Badge:**

My name on my **certificate** should be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My name on my **name badge** should be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name on badge (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Note 1: badges are provided for Canadian residents only
* Note 2: name on badge must be a maximum of 3 lines of 22 characters each including spaces

**How did you learn about the ITCP designation?**

CIPS Member (name: \_\_\_\_\_\_\_\_\_\_\_\_\_)  
 Colleague  
 Employer  
 Word of Mouth

Online Advertisement  
 Print Advertisement

Search Engine  
 Brochure  
 Web site  
 Presentation / Visit at your company  
 Conference / Event (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)  
 SINP  
 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**--------------------------------------------------------------------------------------------------------------------------------------------------**

**Privacy Code Statement**

Personal information provided by the applicant is used solely by the National and Provincial registrars’ offices and members of the Certification Council for the purpose of:

1) assessing an applicant’s ability to meet the ITCP criteria

2) verifying information

3) performing an audit of Certification Council procedures

4) providing ITCP related products and services

**--------------------------------------------------------------------------------------------------------------------------------------------------**

**Application Requirements:**

**1** [- Current **CIPS Membership**](http://www.cips.ca/membershipapplication)

**2** [- **Certification** **Application Review Fee** Payment](http://www.cips.ca/CertificationPayment)

**3 - ITCP Application**

**3.0 - ITCP IP3 Mutual Acceptance Route**

**Application Information**

The ITCP has been accredited by the**International Professional Practice Partnership** (IP3) under the [IP3P standard](https://www.ipthree.org/gain-ip3-accreditation/ip3-accreditation-program/it-professional-standards/). The IP3 has endorsed the Principles of [Mutual Acceptance](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.

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.**

**Skills Framework for the Information Age (SFIA)**

SFIA, the Skills Framework for the Information Age, is the technical competency and skills framework underlying the ITCP assessment and standards areas. SFIA was created to provide a method of mapping an individual’s professional skill level to a set of internationally relevant standard definitions.

**SFIA Structure**

The two parts of SFIA used in ITCP are:

* **Generic Levels of Responsibility**
* **Specific Skill Level Definitions**

The Generic levels define levels of responsibility and competence for IT professionals (from 1 to 7).

The Specific Skills include definitions of 64 specific ICT "skills", covering all aspects of the entire spectrum of ICT professional roles, and defines each of these within the same 7 levels of responsibility.

The net result is a matrix of skills on one axis, competencies on the other. An IT professional can then identify the skills that relate to their specialties and work out at which competency level they are operating at.

**SFIA Levels of Responsibility**

SFIA defines 7 levels of Responsibility, each defined within the context of *Autonomy*, *Influence*, *Complexity* and *Business Skills*.

These 7 levels describe the progression of a practitioner from "Follow", being someone in an entry-level position with no discretion and working under close supervision, through to "Set strategy/inspire/mobilise", being someone with overall responsibility for all aspects of a significant area of work.

**ITCP is set at Level 5**, "Ensure/Advise", being a professional fully accountable and responsible for the outcomes of their work.

**Skills Framework for the Information Age (SFIA) – Level 5**

|  |  |
| --- | --- |
| **Autonomy** | Works under broad direction. Full accountability for own technical work or project/supervisory responsibilities. Receives assignments in the form of objectives. Establishes own milestones, team objectives and delegates assignments. Work is often self-initiated. |
| **Influence** | Influences organization, customers, suppliers and peers within industry on contribution of specialization. Significant responsibility for the work of others and for the allocation of resources. Decisions impact on success of assigned projects i.e. results, deadlines and budget. Develops business relationships with customers. |
| **Complexity** | Challenging range - variety of complex technical or professional work activities. Work requires application of fundamental principles in a wide and often unpredictable range of contexts. Understands relationship between specialization and wider customer/organizational requirements. |
| **Business Skills** | Advises on the available standards, methods, tools and applications in own area of specialization and can make correct choices from alternatives. Can analyze, diagnose, design, plan, execute and evaluate work to time, cost and quality targets. Communicates effectively, formally and informally, with colleagues, subordinates and customers. Demonstrates leadership. Clear understanding of the relationship between own area of responsibility/specialization to the employing organization and takes customer requirements into account when making proposals. Takes initiative to keep skills up to date. Maintains awareness of developments in the industry. Can analyze user requirements and advise users on scope and options for operational improvement. Demonstrates creativity and innovation in applying IT solutions for the benefit of the user. |

**3.1 – ITCP IP3 Mutual Acceptance Route**

**IP3P Accredited Certification Information:**

IP3P Recognized Professional Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class of Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 to this document).

Date certification received: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (YYYY/MM/DD)

**Certificate / Certification Approval Letter**

**A copy of your certificate or certification approval letter is to be included with this application.**

**Association authorization to provide Information for review:**

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**---------------------------------------------------------------------------------------------------------------------------------------------------------**

CIPS (Canadian Information Processing Society) - [www.cips.ca](http://www.cips.ca)

CIPS National Office, 1375 Southdown Road,

Unit 16 - Suite 802, Mississauga, Ontario, L5J 2Z1

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