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*Re-Certification 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 **both sections a) and b) below**. Submit the form by mail to the CIPS, Office of the Registrar, 16-1375 Southdown Rd, Suite 802, Mississauga, Ontario, L5J 2Z1, Canada, or by email to [certification@cips.ca](mailto:certification@cips.ca) . For questions contact CIPS at [certification@cips.ca](mailto:certification@cips.ca) or 905 602 1370.

Membership Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recertification Reporting Period: January 1, 2018 to December 31, 2020

1. I am actively practicing in the profession (a guideline is that one has accumulated approximately 3,000 hours over the last three years). 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 over the last three years?

Answer:

1. Professional Development Credits **(minimum of 100 credits required for recertification).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 understand that any misrepresentation or false information may result in disciplinary action, including suspension or revocation of my certification. 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: