ICA CPTED CERTIFICATION PROGRAM FOR INDIVIDUALS (ICCP)

ICCP COMPETENCY AND EXAMINATION APPLICATION

All information needed to guide the completion of the certification process can be found at the ICA website ([www.cpted.net/ICCP](http://www.cpted.net/ICCP)). Contact the Certification Coordinator for any clarification at [ica.iccp@cpted.net](mailto:ica.iccp@cpted.net).

Instructions to Applicants:

1. Applicants to the ICA ICCP Program must be members of the ICA in good standing.
2. Applicants to the ICA ICCP Program must meet the ICCP Entry Criteria.
3. If college/university education is used to meet a qualification or demonstrate a competency, an official certified transcript or verification must be sent directly to the ICA Certification Committee from the institution, prior to requesting a review of demonstrated competencies or sitting for the examination. Applicants will not be allowed to take the exam unless official verification is received from the educational institution.
4. Complete all pages of the application. Add additional pages/attachments if necessary.
5. Be sure that your signature appears at the end this application.
6. Application fee must be paid to the ICA within 1 week of this Application form.
7. Applications, along with any supporting documentation, must be transmitted to the ICA in digital form by being uploaded to the provided upload link or emailed to the ICCP Coordinator.

Complete the areas below. Please type your responses or print clearly using a blue pen.

Check here if this application is for a second or subsequent review of competency materials.

**I am applying for:**

**Practitioner level certification (ICCP-Practitioner)** – requires demonstration of 8 Competency Units

**Professional level certification (ICCP-Professional)** – requires demonstration of 11 Competency Units

**CONTACT DETAILS**

|  |
| --- |
| Full name:  Prefix (Mr, Mrs, Ms):  Title (Dr, Professor):  Full address (home or business):  Email:  Phone:  ICA membership number (found in your member profile on ICA website): |

**PROFESSIONAL CPTED/SECURITY EXPERIENCE**

List each full-time or part-time assignment in chronological order, beginning with your present position. Summarize each assignment but give sufficient detail to signify the degree of responsibility, the nature of the decisions you were required to make, and additional duties required by the position. Do not show job title only. Use spaces provided and attach additional pages if necessary.

**Position 1**

|  |
| --- |
| Dates of employment:  Name of employer:  Employer address:  Your position title:  Summary of your work assignment:  Name of immediate supervisor:  Phone of immediate supervisor:  Major product or service of this employer: |

**Position 2**

|  |
| --- |
| Dates of employment:  Name of employer:  Employer address:  Your position title:  Summary of your work assignment:  Name of immediate supervisor:  Phone of immediate supervisor:  Major product or service of this employer: |

**Position 3**

|  |
| --- |
| Dates of employment:  Name of employer:  Employer address:  Your position title:  Summary of your work assignment:  Name of immediate supervisor:  Phone of immediate supervisor:  Major product or service of this employer: |

**POST-SECONDARY EDUCATION**

\*Note: If education is used to meet qualifications, an official certified transcript or verification of degree must be sent from your institution to the ICCP Certification Committee before the candidate is considered eligible for review of competencies and/or testing.

If you're not using transcripts to meet qualifications, you are still welcome to submit transcripts or completion certificates/diplomas together with your descriptions below.

**Education 1**

|  |
| --- |
| Institution or Higher Education name:  Institution address:  Dates attended & completed:  Major & Minor – if applicable: |

**Education 2**

|  |
| --- |
| Institution or Higher Education name:  Institution address:  Dates attended & completed:  Major & Minor – if applicable: |

**Education 3**

|  |
| --- |
| Institution or Higher Education name:  Institution address:  Dates attended & completed:  Major & Minor – if applicable: |

**PROFESSIONAL REFERENCES**

Professional references must be individuals who have knowledge of your CPTED or related security expertise and/or current position and the degree of responsibility held in the performance of your job. You should not use anyone as a reference who falls under your supervision. Do not use your own relatives or members of the ICA staff or ICA Certification Committee as references. Please provide at least two (2) professional references below.

**Reference 1**

|  |
| --- |
| Full name:  Title:  Email:  Phone:  Professional relationship:  Company/Organization name & address:  How long have you known the person providing the reference? |

**Reference 2**

|  |
| --- |
| Full name:  Title:  Email:  Phone:  Professional relationship:  Company/Organization name & address:  How long have you known the person providing the reference? |

**Reference 3**

|  |
| --- |
| Full name:  Title:  Email:  Phone:  Professional relationship:  Company/Organization name & address:  How long have you known the person providing the reference? |

**HISTORY OF CRIMINAL OR DISCIPLINE SANCTIONS**

Have you ever been convicted of a crime (or in military service convicted by a general courtmartial) or is there any criminal charge now pending against you?

**YES**

**NO**

Have you ever had professional membership, license, registration, or certification denied, suspended, or revoked (other than for lack of minimum qualification or failure of examination)?

**YES**

**NO**

Have you ever been censured or disciplined by any professional body or organization?

**YES**

**NO**

If the answer to any of the above questions is YES, explanations on signed and dated separate sheet(s) needs to be provided in a separate document that is uploaded together with this application. This information will not be circulated outside the ICA Certification Committee.

An affirmative answer does not necessarily mean rejection of your application. (Please omit minor traffic violations and offenses committed before your 18th birthday.)

Applicant must not have been convicted of any criminal offense which would reflect negatively on the security profession and ICA.

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**APPLICANT DECLARATION**

I certify that all information I have provided in this application, including any attachments, is accurate and complete to the best of my knowledge. I understand that approval of my application may be contingent upon the results of a reference and background review, and I hereby authorize the International CPTED Association (ICA), the ICA Certification Committee (ICC), and its agents to investigate the truthfulness and accuracy of all information I have provided. I authorize ICA, the ICC, and its agents to discuss the results of such a review with all persons involved in the certification process. I give consent for all contacted persons to provide information concerning me and/or my application, and I release each such person from liability for providing information to ICA, the ICC, and its agents. I understand that any false or misleading statement, misrepresentation, or concealment or material omission of the information I have provided or failed to provide on my application and attachments may be grounds for rejection of my application, or if already certified, of the “ICCP-Practitioner” or “ICCP-Professional” designation.

I also understand that any disputes or conflicts arising from the processing, review or rejection of the application or subsequent review or rejection of submitted supporting materials will be resolved by the ICC or, if the conflict involves the ICC itself, will receive a final and indisputable review for resolution by the ICA Board of Directors. I agree, indicated by my signature, that all legal disputes arising from this application, its review or rejection, will be heard in a court in the home city of record of the ICA.

|  |
| --- |
| Signature (may be typed – serves as signature):  Date: |

**CERTIFICATION FEE**

A total fee of **CA$315** (payable in Canadian Dollars) must accompany this application. Complete the payment using our online electronic payment system on the ICCP webpage https://cpted.net/ICCP or directly using the payment link or QR code provided below.

Contact us if you'd prefer to pay by cheque (applicable to Canadian and US residents).

Electronic payment: <https://secure.affinipay.com/pages/cpted/payments>

Qr code

Description automatically generated

**Did You Remember...**

To complete application form and submit payment?

To order official college transcripts (if required)?

To include your signature and date on the application?

THANK YOU FOR COMPLETING YOUR APPLICATION. PLEASE UPLOAD THE APPLICATION AND ANY ATTACHMENTS USING THE [UPLOAD LINK](https://www.dropbox.com/request/Zk1xYXHr3DiEk0HfYx6V) OR EMAIL IT TO [ICA.ICCP@CPTED.NET](mailto:ICA.ICCP@CPTED.NET).

THE ICCP COORDINATOR WILL CONTACT YOU SHORTLY UPON REVIEWING YOUR APPLICATION.

Updated 22 January 2024