



## I.S.P. and ITCP Re-certification Form

To complete the re-certification process please fill out this form and have it sent to the CIPS National Office by one of the following methods.

**E-mail:** [Francis@cips.ca](mailto:Francis@cips.ca) (Subject: Re-certification)

**Fax:** 905-602-7884 (Attention: Office of the Registrar)

**Mail:** CIPS  
5090 Explorer Drive,  
Suite 801  
Mississauga, ON  
L4W 4T9  
Canada

**Before filling out this form please read the CIPS Certification Guidelines (available at [www.cips.ca/recertification](http://www.cips.ca/recertification)).**

Full Name:  (Please Print)

Membership Number:

Provincial Affiliation:

Designations (I.S.P. and/or ITCP):

Date:

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### **I.S.P./ITCP Re-certification Statement**

Over the past three years I have maintained my currency in IT by obtaining a minimum of 300 credits of education and at least 3000 hours have been spent on IT professional level activities. I request continuation of my certified privilege of CIPS membership. This includes the right to use the I.S.P./ITCP designation(s) in my professional activities.

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

(Note: If sending by e-mail your e-mail address will act as your signature)