Certified Security Project Manager (CSPM®)
Continued Professional Education (CPE)
Submission & Recertification Form

DO NOT SUBMIT SUPPORTING DOCUMENTATION WITH THIS SUBMISSION FORM.

Step #1: **Enter Applicant Contact Information**

First Name (Please print.)	**MI**	**Last Name**	**Certification #**
Cycle Start Date*:		**Cycle End Date**:**	
Street Address			
City	**State/Province**		**Zip/Postal Code**
√ One Only:	[ ] Home Address [ ] Office Address		
Company Name:			
Preferred Contact Method (√ One): [ ] Home Phone [ ] Office Phone [ ] Cell [ ] Email			
Home Phone:		**Office Phone:**	
Cell Phone:		**Primary Email:**	
Fax #:		**Alternate Email:**	

* This is normally the date on your certificate.
** This is three years from cycle start date.

Application Checklist – Please confirm that each specific task is complete PRIOR to submitting the application.

☐ **Application Information:** I completed the applicant information and noted the email address to which CSPM® correspondence should be sent.

☐ **Continuing Professional Education Activities**: I obtained at least 30 Type A credits of qualifying direct security project management activities and 30 Type B credits of qualifying professional skills activities within my current three-year recertification cycle.

☐ **Completed List of Continuing Professional Education Activitie**s: I have completed a list of continuing professional education activities on page 2, which accurately lists relevant security project management activities, date, and accumulated CSPM® recertification credits

☐ **Code of Ethics for Certified Security Project Managers:** I have read and acknowledge the CSPM® Code of Ethics. (See section 6.)

☐ **Maintain Supporting Documentation of Security Project Manager Activities:** I understand that my application is subject to potential audit and should the SIA Certification Office contact me to supply proof of reported activities, I will respond in a reasonable amount of time. YOU SHOULD NOT SUBMIT SUPPORTING DOCUMENTATION WITH THIS APPLICATION.

Step #2:   Enter Type A Credits: Direct Security Project Activities You must enter a minimum of 30 Continuing Professional Education (CPE) credits and the Examination Specification Code(s) as it relates to each activity. (1 hour of educational activity = 1 CPE)

Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Type A Activity Description (Refer to the Candidate Information Brochure for the Examination Specification Codes and types of activities that qualify for Type A credits – use additional pages as needed)	CPE Credits	Examination Specification Code(s)
		Total Type A Credits		

Step #3:   Enter Type B Credits: Professional Skills Activities
You must enter a minimum of 30 Continuing Professional Education (CPE) credits. (1 hour of educational activity = 1 CPE)
Please make a copy of this page if you require additional space on which to note your Type B activities.

Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Type B Activity Description (Refer to the Candidate Information Brochure for the types of activities that qualify for Type B credits – use additional pages as needed)	CPE Credits
		Total Type B Credits	

Step #4:   Execute Legally Binding Affidavit

I attest that the information submitted is true and complies with the most recent CSPM® recertification requirements. I further agree to abide by the Security Project Manager Code of Ethics, which is a condition of CSPM® certification.

By submitting the CSPM® CPE Submission and Recertification Form, I hereby affirm that I understand, acknowledge and agree to abide by the policies, procedures, rules and certification agreement contained in the *Candidate Information Brochure & Study Guide* published on the Security Industry Association website – http://www.siaonline.org/Pages/Certification/Home.aspx – and agree that I meet each and every requirement set forth and have completely, honestly and accurately completed this submission form to the best of my knowledge. SIA may, at its sole discretion, make inquiry of individuals and organizations directly or indirectly referenced in any part of this application to verify the accuracy and completeness of this information I have provided. I further understand and agree to cooperate in any such investigation by SIA regarding the information I have provided.

I understand that providing any information that is fraudulent, failing to completely or accurately disclose facts known to me or failing to cooperate in any inquiry by the Security Industry Association into the information I have provided, will result in the refusal of SIA to issue the certificate to me, revocation of my certificate, if already awarded, and being forever barred from attaining a SIA credential.

I also fully understand that my application is subject to potential audit and I pledge my full cooperation should my application be selected for an audit of my assertions regarding professional qualifications and experience.

I HAVE READ AND UNDERSTAND THESE STATEMENTS AND INTEND TO BE LEGALLY BOUND BY THEM.

_____   _____
                Signature   **Date**

Step #5:   Submit the Completed Application

**SUBMIT THE CSPM® CPE SUBMISSION AND RECERTIFICATION FORM
VIA ONE OF THE FOLLOWING METHODS:**
EMAIL (Preferred): CSPM@siaonline.org

MAIL: SIA, ATTN: Certification Dept., 8405 Colesville Road, Ste. 500, Silver Spring, MD 20910

FAX: +1 301-804-4701

Questions? Please contact CSPM@siaonline.org